FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT
1983

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DO7709

THE CORPORATION COMPANY
2 C.T. CORPORATION SYSTEM
6751 WEST BROWARD BLVD
PLANTATION, FL 33324

Read Notice and Instructions on Other Side Before Making Entries
Filing Fees of $10 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

Date Incorporation: 06/18/1965
Date: 08/03/1982

2. Enter Change of Address If Change in Office P.O. Box Number Below

Street Address
P.O. Box
City
State
Zip

3. Date Acquired in Florida

To Do Business in Florida

4. Name and Address of Each Officer and Director

Name, Title
ALLEN, DONALD R
MCELLAN, DAVID
THORNE, OAKLEIGH
STEPHENVSON, HORACE
RELLY, ROBERT D
KLENGENER, ELLEN
CRIGSBY, JAMES D
JONES, FRANK L

Address
100 BISCAYNE BLVD
100 W 10TH ST
100 W 10TH ST
100 W 10TH ST
385 W 2 E. JEFFERSON ST
100 W 10TH ST
100 W 10TH STREET
1185 E. JEFFERSON STREET

City, State
MIAMI, FLORIDA
WILMINGTON, DE
WILMINGTON, DE
WILMINGTON, DE
TALLAHASSEE, FL
WILMINGTON, DE
WILMINGTON, DE
TALLAHASSEE, FL

5. Registered Agent Information

Name
C T CORPORATION SYSTEM
6751 WEST BROWARD BLVD
PLANTATION, FL 33324

Address

City, State and Zip Code
MIAMI, FL 33324

6. Pursuant to the provisions of Sections 607.04 and 607.081 of the Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registration, if any, or registered agent or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its Board of Directors.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

$3.00 additional fee required for Registered Agent Changes.

9. See signature restrictions under instructions on reverse side of this form

I certify that I am an Officer of the Corporation, the Receiver or Trustee, or a Person Embracing to Execute This Report as Required by Chapter 223.

I further certify that the undersigned Signature on this Report Shall Have the Same Legal Effect As if Made Under Crest

Signature

DATE: 6/24/83

Typed Name of Signing Officer
David R. McLellan

Title
Treasurer

Phone Number