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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **842298**

1. Corporation Name
FRANK GATES USA, INC.

Principal Place of Business	Mailing Address
5606 N MCARTHUR BLVD. SUITE 870 IRVING TX 75038	5606 N MCARTHUR BLVD. SUITE 870 IRVING TX 75038

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
22 Suite, Apt. #, etc. PO Box 6303 Commerce, Ste 150
23 City & State Irving TX
24 Zip 75063 25 Country USA

2a. Mailing Address
26 5000 Bradenton Ave
27 Suite, Apt. #, etc.
28 City & State Dublin OH
29 Zip 43017 30 Country USA

3. Date Incorporated or Qualified 12/29/1978

4. FEI Number 94-2487580 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name Lisa Behrami
82 Street Address (P.O. Box Number is Not Acceptable) 7380 Sand Lake Rd Ste 500
83
84 City Orlando FL 85 Zip Code 32819

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Lisa A. Behrami 4-21-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NILES C OVERLY		1.2 NAME		
STREET ADDRESS	5000 BRADENTON AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DUBLIN OH 43017		1.4 CITY-ST-ZIP		
TITLE	VPFT	☐ DELETE	2.1 TITLE	CFO	☑ Change ☐ Addition
NAME	GREGORY P SMITH		2.2 NAME		
STREET ADDRESS	5000 BRADENTON AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DUBLIN OH 43017		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	R. JAMES KELLY		3.2 NAME		
STREET ADDRESS	5000 BRADENTON AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DUBLIN OH 43017		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED VP 3-25-99 614-793-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #