FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **851495** **(2)**

1. Corporation Name

KDI AMERICAN PRODUCTS, INC.

Principal Place of Business

10951 WEST LOS ANGELES AVE.
PO BOX 8085
MOORPARK CA 93020-5085

Mailing Address

10951 WEST LOS ANGELES AVE.
PO BOX 8085
MOORPARK CA 93020-5085

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **12/31/1981**

3a. Date of Last Report: **02/14/1995**

4. FEI Number: **95-2639661** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ 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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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

12. OFFICERS AND DIRECTORS

TITLE	PT	☒ DELETE
NAME	OLSON, GORDON	
STREET ADDRESS	10951 W LA AVE POB 8085	
CITY-ST-ZIP	MOORPARK CA	
TITLE	V	☐ DELETE
NAME	MOTUSH, JAMES	
STREET ADDRESS	10951 W LA AVE POB 8085	
CITY-ST-ZIP	MOORPARK CA	
TITLE	D	☐ DELETE
NAME	GAFFNEY, JAMES	
STREET ADDRESS	5721 DRAGON WAY	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	V	☐ DELETE
NAME	THRASHER, LARRY	
STREET ADDRESS	10951 W LA AVE POB 8085	
CITY-ST-ZIP	MOORPARK CA	
TITLE	V	☒ DELETE
NAME	EISLER, PAUL	
STREET ADDRESS	10951 W LA AVE POB 8085	
CITY-ST-ZIP	MOORPARK CA	
TITLE	S	☐ DELETE
NAME	LANGNER, KEVAN K.	
STREET ADDRESS	5721 DRAGON WAY	
CITY-ST-ZIP	CINCINNATI OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	ROGER BYER	
1.3 STREET ADDRESS	10951 W LA AVE POB 8085	
1.4 CITY-ST-ZIP	MOORPARK, CA 93021	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PT	☒ Change ☐ Addition
4.2 NAME	THRASHER, LARRY	
4.3 STREET ADDRESS	10951 W LA AVE POB 8085	
4.4 CITY-ST-ZIP	MOORPARK, CA 93021	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: JAMES L. MOTUSH 2-1-96 805-523-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone