

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90042 016 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **F97000002434**

1. Corporation Name  
**BCI FINANCE INC.**



Principal Place of Business Mailing Address  
**1600 MOUNTAIN VIEW DRIVE COLCHESTER VT 05446**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/07/1997**

4. FEI Number **03-0335501** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH 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 607.0502 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

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERRE-ANDRE, ROY	1.2 NAME	Roy, Pierre-Andre
STREET ADDRESS	1600 MOUNTAIN VIEW DRIVE	1.3 STREET ADDRESS	12735 Gran Bay Parkway W.
CITY-ST-ZIP	COLCHESTER VT	1.4 CITY-ST-ZIP	Jacksonville, FL 32258
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, WILLIAM P	2.2 NAME	
STREET ADDRESS	12735 GRAN BAY PARKWAY WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32258	2.4 CITY-ST-ZIP	
TITLE	VPSD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWE, R W	3.2 NAME	Crowe, R. William
STREET ADDRESS	1600 MOUNTAIN VIEW DRIVE	3.3 STREET ADDRESS	12735 Gran Bay Parkway W.
CITY-ST-ZIP	COLCHESTER VT	3.4 CITY-ST-ZIP	Jacksonville, FL 32258
TITLE	VPTD <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILTHAUT, BLAINE H	4.2 NAME	Filthaut, Blaine H.
STREET ADDRESS	1600 MOUNTAIN VIEW DRIVE	4.3 STREET ADDRESS	12735 Gran Bay Parkway W.
CITY-ST-ZIP	COLCHESTER VT	4.4 CITY-ST-ZIP	Jacksonville, FL 32258
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEIL, JEAN C	5.2 NAME	
STREET ADDRESS	1600 MOUNTAIN VIEW DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLCHESTER VT	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	I <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARANOWSKY, ANDREW	6.2 NAME	
STREET ADDRESS	1600 MOUNTAIN VIEW DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	COLCHESTER VT 05446	6.4 CITY-ST-ZIP	

(see Attachment)

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: Elizabeth Millikin Drake Assistant Secretary *Elizabeth Millikin Drake* 4/27/99 (802)654-8369

## ATTACHMENT A

545398-90042-16

F97000002434

Name	Position	Work Address
Rowan, Helen C.	Director	12735 Gran Bay Parkway W. Jacksonville, FL 32258
Killackey, Francis C.	Director	12735 Gran Bay Parkway W. Jacksonville, FL 32258
Calver, George W.	President	1600 Mountain View Drive Colchester, VT 05446
Assell, Lawrence F.	Vice President	1600 Mountain View Drive Colchester, VT 05446
Cree, Richard W.	Vice President	1600 Mountain View Drive Colchester, VT 05446
Dove, Ronald C.	Vice President	1600 Mountain View Drive Colchester, VT 05446
Odom, Richard W.	Vice President	1600 Mountain View Drive Colchester, VT 05446
Tommerdahl, Jeffery S.	Vice President	1600 Mountain View Drive Colchester, VT 05446
Lanz, John C.	Vice President	1600 Mountain View Drive Colchester, VT 05446
Mullikin Drake, Elizabeth	Assistant Secretary	1600 Mountain View Drive Colchester, VT 05446
Carle, Roger	Assistant Secretary	800 Ouest, Boul. René Lévesque Bureau 1700 Montréal, Québec Canada H3B 1Y8
Dolan, James	Assistant Treasurer	1600 Mountain View Drive Colchester, VT 05446