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 # **K54865** **(6)**

1. Corporation Name

CURTIN & PEASE/PENECO, INC.

Principal Place of Business	Mailing Address
1022 MAIN STREET, SUITE A P.O. DRAWER 1588 DUNEDIN FL 34698	1022 MAIN STREET, SUITE A P.O. DRAWER 1588 DUNEDIN FL 34698

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **12/30/1988**

3a. Date of Last Report: **05/23/1995**

4. FEI Number: **36-3623544** ☐ 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 607.0502 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: DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	WILSON, ROBERT F.		12 NAME	
STREET ADDRESS	1022 MAIN ST., SUITE A		13 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL		14 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	VICE, PRESTON L.		22 NAME	
STREET ADDRESS	1100 SUPERIOR AVENUE		23 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH		24 CITY-ST-ZIP	
TITLE	DC	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	MARINO, SAL F.		32 NAME	
STREET ADDRESS	1100 SUPERIOR AVENUE		33 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH		34 CITY-ST-ZIP	
TITLE	VTD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	GAUVREAU, PAUL R.		42 NAME	
STREET ADDRESS	200 SOUTH WACKER DRIVE, SUITE 700		43 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		44 CITY-ST-ZIP	
TITLE	S	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	PERRY, PAMELA E.		52 NAME	
STREET ADDRESS	1022 MAIN ST., SUITE A		53 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL		54 CITY-ST-ZIP	
TITLE	S	☐ DELETE	61 TITLE	☒ Change ☐ Addition
NAME	ZERMUEHLEN, WILLIAM		62 NAME	
STREET ADDRESS	1100 SUPERIOR AVE.		63 STREET ADDRESS	200 South Wacker Dr, Suite 700
CITY-ST-ZIP	CLEVELAND OH		64 CITY-ST-ZIP	Chicago IL 60606-5802

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, and that this electronic 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 added in connection with an address.

SIGNATURE: Robert F Wilson 03/22/96 813/736-3611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #