FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 23 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P17605 (7)

1. Corporation Name
GUTHRIE NORTH AMERICA, INC.

Principal Place of Business	Mailing Address
~~9955 BENFORD DR.~~ ~~ORLANDO FL 32827~~	~~9955 BENFORD DR.~~ ~~ORLANDO FL 32827~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/11/1988
3a. Date of Last Report: 09/06/1994

2. Principal Place of Business	2a. Mailing Address
21 5850 T.G. LEE BLVD.	26 5850 T.G. LEE BLVD.
Suite, Apt. #, etc. 22 SUITE 345	Suite, Apt. #, etc. 27 SUITE 345
City & State 23 ORLANDO, FL	City & State 28 ORLANDO, FL.
Zip / Country 24 32822 / 25 U S	Zip / Country 29 32822 / 30 U S

4. FEI Number: 34-1271497 ☐ 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 RD
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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	QUARTA, ROBERTO	1.2 NAME	QUARTA, ROBERTO
STREET ADDRESS	60 LOGAN-SOUTH HARBORSIDE	1.3 STREET ADDRESS	401 EDGEWATER PLACE SUITE 670
CITY-ST-ZIP	E BOSTON MA	1.4 CITY-ST-ZIP	WAKEFIELD, MA. 01880
TITLE	SD	2.1 TITLE	SD ☒ Change ☐ Addition
NAME	MURRER, GREGORY J.	2.2 NAME	MURRER, GREGORY J.
STREET ADDRESS	60 LOGAN-SOUTH HARBORSIDE	2.3 STREET ADDRESS	401 EDGEWATER PLACE SUITE 670
CITY-ST-ZIP	E BOSTON MA	2.4 CITY-ST-ZIP	WAKEFIELD, MA. 01880
TITLE	VD	3.1 TITLE	VD ☒ Change ☐ Addition
NAME	BLEDSOE, WILLIAM G.	3.2 NAME	BLEDSOE, WILLIAM G.
STREET ADDRESS	9955 BENFORD RD	3.3 STREET ADDRESS	201 S. ORANGE AVE. SUITE 1100
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO, FL. 32801
TITLE	TD	4.1 TITLE	TD ☒ Change ☐ Addition
NAME	ROMEO, ROBERT W.	4.2 NAME	ROMEO, ROBERT W.
STREET ADDRESS	9955 BENFORD RD	4.3 STREET ADDRESS	5850 T.G. LEE BLVD. SUITE 345
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO, FL 32822
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: Robert W Romeo 3/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0418339 FP