FILE NOW: FILING FEE AFTER [redacted] $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 MAY -1 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P37295

1. Corporation Name

Zack Power & Industrial Company

Principal Place of Business	Mailing Address
1300 Michigan St. Gary, IN 46402	101 Merritt 7, 7th Fl. Norwalk, CT 06851

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1/29/92
3a. Date of Last Report: 5/19/94

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

4. FEI Number: 13-3599686 ☐ 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

The Prentice-Hall Corporation System, Inc.
1201 Hays Street, Suite 105
Tallahasee, FL 32301

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

TITLE	President
NAME	William Harrington
STREET ADDRESS	1300 Michigan St.
CITY ST ZIP	Gary, IN 46402
TITLE	Vice President, CFO & Sec.
NAME	R. William Favors
STREET ADDRESS	1300 Michigan St.
CITY ST ZIP	Gary, IN 46402
TITLE	Vice President
NAME	Michael DeSimone
STREET ADDRESS	1300 Michigan St.
CITY ST ZIP	Gary, IN 46402
TITLE	Vice President
NAME	Robert McCormick
STREET ADDRESS	
CITY ST ZIP	1300 Michigan St. Gary, IN 46402
TITLE	Vice President
NAME	Leonard Smeal
STREET ADDRESS	1300 Michigan St. Gary, IN 46402
CITY ST ZIP	
TITLE	Vice President
NAME	David Inks
STREET ADDRESS	1300 Michigan St. Gary, IN 46402
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Vice President	☐ Change ☒ Addition
12 NAME	James Clark	
13 STREET ADDRESS	1300 Michigan St. Gary, IN 46402	
14 CITY ST ZIP		
21 TITLE	Director	☐ Change ☒ Addition
22 NAME	William Harrington	
23 STREET ADDRESS	1300 Michigan St. Gary, IN 46402	
24 CITY ST ZIP		
31 TITLE	Director	☐ Change ☒ Addition
32 NAME	R. William Favors	
33 STREET ADDRESS	1300 Michigan St. Gary, IN 46402	
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME	300001474133	
43 STREET ADDRESS	-05/03/95--01155--003	
44 CITY ST ZIP	****200.00 ****200.00	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE	2114	☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS	54	
64 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)(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: R. William Favors 4/19/95 (219) 886-0661

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