

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 14 AM 9:55

DOCUMENT # F94000005938 (5)

1. Corporation Name

FORNEY CORPORATION

Principal Place of Business

3405 WILEY POST RD.
CARROLLTON TX 75006

Mailing Address

3405 WILEY POST RD.
CARROLLTON TX 75006

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/17/1994
3a. Date of Last Report

4. FEI Number 51-0354053
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. 199.037, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., #105
TALLAHASSEE 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 607.1504, 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 of (print name of registered agent) and the date of signature.

DATE The signed Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BROGAN, BERNARD D
STREET ADDRESS	3405 NICKERSON RD.
CITY - ST - ZIP	MARLBOROUGH MA 01752
TITLE	SD
NAME	HANNON, JOHN F
STREET ADDRESS	700 NICKERSON RD.
CITY - ST - ZIP	MARLBOROUGH MA 01752
TITLE	T
NAME	COLEMAN, ROBERT F
STREET ADDRESS	700 NICKERSON RD.
CITY - ST - ZIP	MARLBOROUGH MA 01752
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P	☒ Change ☐ Addition
1.1 NAME	EHMKE, BRENT	
1.2 STREET ADDRESS	3405 WILEY POST ROAD	
1.3 CITY - ST - ZIP	CARROLLTON, TEXAS 75006	
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		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 by the entity 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 of this report, or on an attached sheet, in my address.

SIGNATURE:

Brent S. Ehmke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-95

214/458-6108