SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F95000000279 (8)**

1. Corporation Name
ALBRIGHT & WILSON AMERICAS, INC.

Principal Place of Business	Mailing Address
10487 LAKERIDGE PARKWAY ASHLAND VA 23005	10487 LAKERIDGE PARKWAY ASHLAND VA 23005

3. Date Incorporated or Qualified: 01/18/1995
3a. Date of Last Report: 7/1996

2. Principal Place of Business (21): Suite, Apt #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): P.O. Box 4439
Suite, Apt #, etc. (27):
City & State (28): GLEN ALLEN, VA
Zip (29): 23058-4439 / Country (30)

4. FEI Number: 74-2084085 — 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

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 _____ 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	VD	☑ DELETE	11 TITLE	V	☐ Change ☑ Addition
NAME	COHEN, MILTON A		12 NAME	TREINEN, TIMOTHY J.	
STREET ADDRESS	10487 LAKERIDGE PKWY		13 STREET ADDRESS	10487 LAKERIDGE PKWY	
CITY-ST-ZIP	ASHLAND VA		14 CITY-ST-ZIP	ASHLAND, VA 23005	
TITLE	PD	☐ DELETE	21 TITLE	VAS	☐ Change ☑ Addition
NAME	ROCHELEAU, PAUL F		22 NAME	LAWSON, H. FRANK	
STREET ADDRESS	10487 LAKERIDGE PKWY		23 STREET ADDRESS	10487 LAKERIDGE PKWY	
CITY-ST-ZIP	ASHLAND VA		24 CITY-ST-ZIP	ASHLAND, VA 23005	
TITLE	TD	☐ DELETE	31 TITLE	V	☐ Change ☑ Addition
NAME	TULLY, KEVIN P		32 NAME	DEROUSI, A. MICHAEL	
STREET ADDRESS	10487 LAKERIDGE PKWY		33 STREET ADDRESS	10487 LAKERIDGE PKWY	
CITY-ST-ZIP	ASHLAND VA		34 CITY-ST-ZIP	ASHLAND, VA 23005	
TITLE	VAS	☑ DELETE	41 TITLE	VAS	☑ Change ☐ Addition
NAME	SIMPSON, ROBERT G		42 NAME	JENNINGS, H. GREY	
STREET ADDRESS	1010 MILAM STREET		43 STREET ADDRESS	10487 LAKERIDGE PKWY	
CITY-ST-ZIP	HOUSTON TX		44 CITY-ST-ZIP	ASHLAND, VA 23005	
TITLE	S	☑ DELETE	51 TITLE	S	☑ Change ☐ Addition
NAME	STEWART, KARL A		52 NAME	ROTZ, LINDA S.	
STREET ADDRESS	1010 MILAM STREET		53 STREET ADDRESS	10487 LAKERIDGE PKWY	
CITY-ST-ZIP	HOUSTON TX		54 CITY-ST-ZIP	ASHLAND, VA 23005	
TITLE	AS	☐ DELETE	61 TITLE	VAS	☑ Change ☐ Addition
NAME	BRIERS, E J		62 NAME	MATHERNE, E.J.	
STREET ADDRESS	10487 LAKERIDGE PKWY		63 STREET ADDRESS	10487 LAKERIDGE PKWY	
CITY-ST-ZIP	ASHLAND VA		64 CITY-ST-ZIP	ASHLAND, VA 23005	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Kevin P. Tully (KEVIN P. TULLY) 6/18/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #