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

FILED

DOCUMENT # **344201** **(9)**

1. Corporation Name

NEPCO (FLORIDA), INC.

Principal Place of Business	Mailing Address
5700 WILSHIRE BOULEVARD SUITE 575 LOS ANGELES CA 90036-3659	5700 WILSHIRE BOULEVARD SUITE 575 LOS ANGELES CA 90036-3659

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/04/1969**
3a. Date of Last Report: **08/24/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
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: **59-1481399** ☐ 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 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 _____ (Signature (phase) (or (printed) name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	V, Taxes and Finance	☐ Change ☒ Addition
NAME	CARSON, THOMAS P	12 NAME	Ross G. Landsbaum	
STREET ADDRESS	5700 WILSHIRE BOULEVARD	13 STREET ADDRESS	5700 Wilshire Boulevard, Ste 575	
CITY ST ZIP	LOS ANGELES CA 90036-3659	14 CITY ST ZIP	Los Angeles, CA 90036-3659	
TITLE	VASD	21 TITLE		☐ Change ☐ Addition
NAME	HAWKINS, THOMAS W	22 NAME		
STREET ADDRESS	200 S ANDREWS AVENUE	23 STREET ADDRESS		
CITY ST ZIP	FT LAUDERDALE FL	24 CITY ST ZIP		
TITLE	SV	31 TITLE		☐ Change ☐ Addition
NAME	FAIRBANKS, GREGORY K	32 NAME		
STREET ADDRESS	200 S ANDREWS AVENUE	33 STREET ADDRESS		
CITY ST ZIP	FT LAUDERDALE FL	34 CITY ST ZIP		
TITLE	VC	41 TITLE		☐ Change ☐ Addition
NAME	COUGHLAN, KATHLEEN	42 NAME		
STREET ADDRESS	5700 WILSHIRE BOULEVARD	43 STREET ADDRESS		
CITY ST ZIP	LOS ANGELES CA 90036-3659	44 CITY ST ZIP		
TITLE	VSD	51 TITLE		☐ Change ☐ Addition
NAME	ROSS, JOHN E	52 NAME		
STREET ADDRESS	4655 SALISBURY ROAD	53 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP		
TITLE	VAS	61 TITLE		☐ Change ☐ Addition
NAME	BACHMANN, PETER H	62 NAME		
STREET ADDRESS	5700 WILSHIRE BOULEVARD	63 STREET ADDRESS		
CITY ST ZIP	LOS ANGELES CA 90036-3659	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)(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: John E. Ross 5/12/95 904-281-4488

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

John E. Ross, Vice President

0393017 CP