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 MAY -1 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **370880** **(7)**

1. Corporation Name
ALTAMONTE, INC.

Principal Place of Business	Mailing Address
7620 MARKET STREET P. O. BOX 3297 YOUNGSTOWN OH 44513	7620 MARKET STREET P. O. BOX 3297 YOUNGSTOWN OH 44513-6085 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/07/1970**
3a. Date of Last Report: **05/01/1994**

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): 44513
Country (30):

4. FEI Number: **34-1082515** ☐ 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
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 607.1508, 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	11 TITLE		☒ Change ☐ Addition
NAME	DEBARTOLO, EDWARD J	12 NAME	EDWARD J. DeBARTOLO, JR.	
STREET ADDRESS	7620 MARKET ST	13 STREET ADDRESS		
CITY-ST-ZIP	YOUNGSTOWN, OH 00000	14 CITY-ST-ZIP		
TITLE	S	21 TITLE	VS	☒ Change ☐ Addition
NAME	WOLFCALE, ARTHUR D JR	22 NAME		
STREET ADDRESS	7620 MARKET ST	23 STREET ADDRESS		
CITY-ST-ZIP	YOUNGSTOWN, OH 00000	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	VDT	☒ Change ☐ Addition
NAME	DEBARTOLO, EDWARD J JR	32 NAME	LYNN E. DAVENPORT	
STREET ADDRESS	7620 MARKET ST	33 STREET ADDRESS		
CITY-ST-ZIP	YOUNGSTOWN, OH 00000	34 CITY-ST-ZIP		
TITLE	VTD	41 TITLE	VD	☒ Change ☐ Addition
NAME	LIBERATI, ANTHONY W	42 NAME		
STREET ADDRESS	7620 MARKET ST	43 STREET ADDRESS		
CITY-ST-ZIP	YOUNGSTOWN, OH 00000	44 CITY-ST-ZIP		
TITLE	VD	51 TITLE	CD	☒ Change ☐ Addition
NAME	YORK, MARIE DENISE	52 NAME		
STREET ADDRESS	7620 MARKET STREET	53 STREET ADDRESS		
CITY-ST-ZIP	YOUNGSTOWN OH	54 CITY-ST-ZIP		
TITLE	V	61 TITLE		☒ Change ☐ Addition
NAME	CORCORAN, PETER	62 NAME	JAMES F. MURPHY	
STREET ADDRESS	7620 MARKET ST.	63 STREET ADDRESS		
CITY-ST-ZIP	YOUNGSTOWN FL	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: X James F. Murphy JAMES F. MURPHY 4-28-95 316-757-7292
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0478894 FP