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 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 400303 ( )

1. Corporation Name
Meldisco K-M LEM Turner Rd., Fla., Inc.
(1688)

Principal Place of Business
9459 Lem Turner Rd.
Jacksonville 32208

Mailing Address
933 MACARTHUR BLVD.
MAHWAH NJ 07430-2045

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/01/72
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
Country — 30

4. FEI Number: 22-1958954 — 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
UNITED STATES CORPORATION COMPANY
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 resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, JOHN	1.2 NAME	
STREET ADDRESS	933 MACARTHUR BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAHWAH NJ	1.4 CITY-ST-ZIP	
TITLE	STV	2.1 TITLE	☐ Change ☐ Addition
NAME	FALKOFF, MARTIN	2.2 NAME	
STREET ADDRESS	933 MACARTHUR BLVD.	2.3 STREET ADDRESS	000001493290
CITY-ST-ZIP	MAHWAH NJ	2.4 CITY-ST-ZIP	-05/18/95 01041 005
TITLE	AT	3.1 TITLE	☐ Change ☐ Addition
NAME	WEINFUSS, STEWART	3.2 NAME	****200.00 ****200.00
STREET ADDRESS	933 MACARTHUR BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAHWAH NJ	3.4 CITY-ST-ZIP	
TITLE	AT	4.1 TITLE	☐ Change ☐ Addition
NAME	KAKAR, MANOHAR	4.2 NAME	
STREET ADDRESS	933 MACARTHUR BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAHWAH NJ	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	PALIZZI, ANTHONY	5.2 NAME	
STREET ADDRESS	3100 W. BIG BEAVER	5.3 STREET ADDRESS	
CITY-ST-ZIP	TROY MI	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	T.S. 5/17/95
CITY-ST-ZIP		6.4 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: M. [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANOHAR KAKAR APR 26 1995 (201) 934-2000