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 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 666760 (4)

1. Corporation Name
BNF, INC.

Principal Place of Business
% BORDEN, INC., TAX INCOME/FRANCHISE DEPT.
180 E. BROAD ST., 25TH FL.
COLUMBUS OH 43215-0799

Mailing Address
% BORDEN, INC., TAX INCOME/FRANCHISE DEPT.
180 E. BROAD ST., 25TH FL.
COLUMBUS OH 43215-0799

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/15/1980
3a. Date of Last Report: 06/24/1994

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: 31-0985575 — 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

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 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 _____
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when resigning) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, ROBERT M	1.2 NAME	
STREET ADDRESS	180 E. BROAD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	WEATHERFORD, WAYNE M	2.2 NAME	
STREET ADDRESS	180 E. BROAD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	KELLY, D.A.	3.2 NAME	
STREET ADDRESS	303 OVERLOOK DRIVE	3.3. STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	S — XX Change ☐ Addition
NAME	[illegible]	4.2 NAME	ELLEN GERMAN BERNDT
STREET ADDRESS	[illegible]	4.3 STREET ADDRESS	180 EAST BROAD STREET
CITY-ST-ZIP	[illegible]	4.4 CITY-ST-ZIP	COLUMBUS, OH 43215-3799
TITLE	S	5.1 TITLE	AT — XX Change ☐ Addition
NAME	[illegible]	5.2 NAME	STEVEN C. DOVE
STREET ADDRESS	[illegible]	5.3 STREET ADDRESS	180 EAST BROAD STREET
CITY-ST-ZIP	[illegible]	5.4 CITY-ST-ZIP	COLUMBUS, OH 43215-3799
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 110.07(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: Ellen German Berndt ELLEN GERMAN BERNDT, SECRETARY 4/26/95 (614) 225-4881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0564487 CP