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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:51

DOCUMENT # **812869** **(6)**

1. Corporation Name
XEROX CORPORATION

Principal Place of Business	Mailing Address
800 LONG RIDGE ROAD P.O. BOX 1600 STAMFORD CT 06904	800 LONG RIDGE ROAD P.O. BOX 1600 STAMFORD CT 06904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/14/1958**
3a. Date of Last Report: **06/24/1994**

21 2. Principal Place of Business
26 2a. Mailing Address
4. FEI Number: **16-0468020** ☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
23 City & State
28 City & State
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
24 Zip
25 Country
29 Zip
30 Country
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET SUITE 105 TALLAHASSEE FL 32301	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	VP	11 TITLE	Executive Vice President ☐ Change ☐ Addition
NAME	~~HICKS, WAYLAND R.~~	12 NAME	A. Barry Rand
STREET ADDRESS	~~147 BRISCOE ROAD~~	13 STREET ADDRESS	500 Woodview Road
CITY-ST-ZIP	~~NEW CANAAN CT~~	14 CITY-ST-ZIP	Stamford, CT 06923
TITLE	VTS	21 TITLE	☐ Change ☐ Addition
NAME	EUNICE M. FILTER	22 NAME	
STREET ADDRESS	12 BERNDALE DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	WESTPORT CT	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ROBERT A. BECK	32 NAME	
STREET ADDRESS	8 SOMERSET DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	RUMSON NJ	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	JOAN GANZ COONEY	42 NAME	
STREET ADDRESS	435 EAST 52ND STREET	43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK CITY NY	44 CITY-ST-ZIP	
TITLE	CD	51 TITLE	☐ Change ☐ Addition
NAME	ALLAIRE, PAUL A.	52 NAME	
STREET ADDRESS	727 SMITH RIDGE RD.	53 STREET ADDRESS	
CITY-ST-ZIP	NEW CANAAN CT	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	RUSSELL Y. OKASAKO	62 NAME	
STREET ADDRESS	34 SALEM ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	WILTON CT	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: Russell Y. Okasako Russell Y. Okasako 203-968-3729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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DIVISION OF CORPORATIONS
95 MAR 32 PM 12:54

DOCUMENT # **815555** **(8)**

1. Corporation Name
MURPHREE BRIDGE CORPORATION

Principal Place of Business	Mailing Address
PIKE COUNTY LAKE ROAD #547 TROY ALABAMA 36081	PIKE COUNTY LAKE ROAD #547 TROY ALABAMA 36081

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/11/1961	3a. Date of Last Report: 02/15/1994
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: 63-0368729	☐ 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

CT CORPORATION SYSTEM
1200 S. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MURPHREE, TOM	12 NAME	
STREET ADDRESS	105 FORREST TERRACE	13 STREET ADDRESS	
CITY-ST-ZIP	TROY AL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL,WM EARL	22 NAME	
STREET ADDRESS	115 LAMAR ST.	23 STREET ADDRESS	
CITY ST ZIP	TROY AL	24 CITY ST ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	MURPHREE, SAM	32 NAME	
STREET ADDRESS	432 W. COLLEGE ST.	33 STREET ADDRESS	
CITY ST ZIP	TROY AL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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: Wm Earl Campbell Sec. March 24, 1995

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