FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 28 PM 6:34

DOCUMENT # 814109 (5)

1. Corporation Name
THE MONTGOMERY FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O W.D. HAYNES 2 WISCONSIN CIRCLE, SUITE 400 CHEVY CHASE MD 20815	C/O W.D. HAYNES 2 WISCONSIN CIRCLE, SUITE 400 CHEVY CHASE MD 20815

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1959
3a. Date of Last Report: 03/01/1994
4. FEI Number: 13-6153649 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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	PASD	11 TITLE		☐ Change ☐ Addition
NAME	LOYD, KELLY	12 NAME		
STREET ADDRESS	11095 SW 53RD AVE	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	VSTD	21 TITLE		☐ Change ☐ Addition
NAME	HAYNES, WALTER D	22 NAME		
STREET ADDRESS	5407 SPANGLER AVE	23 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	MONTGOMERY, ARTHUR	32 NAME		
STREET ADDRESS	112 SHERIDAN AVE	33 STREET ADDRESS		
CITY ST ZIP	HO-HO-KUS NJ	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	SMILEY, KARL	42 NAME		
STREET ADDRESS	9979 SW 52ND AVE	43 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP		
TITLE	ASD	51 TITLE	D	☒ Change ☒ Addition
NAME	LOYD, KELLY	52 NAME	PETER MANZ	
STREET ADDRESS	11095 SW 53RD AVE	53 STREET ADDRESS	2380 Bay Village Court	
CITY ST ZIP	MIAMI FL	54 CITY ST ZIP	Palm Beach Gardens, FL 33410	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	BELLAMY, JEANNE	62 NAME		
STREET ADDRESS	2718 SECOVIA ST	63 STREET ADDRESS		
CITY ST ZIP	CORAL GABLES 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Walter D. Haynes WALTER D. HAYNES 3/23/95 301-718-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:18

DOCUMENT # **818067** **(1)**

1. Corporation Name
CONSERVATIVE BAPTIST HOME MISSION SOCIETY

Principal Place of Business	Mailing Address
25W560 GENEVA ROAD P.O. BOX 828 WHEATON IL 60189-0828	25W560 GENEVA ROAD P.O. BOX 828 WHEATON IL 60189-0828

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/24/1964
3a. Date of Last Report: 03/08/1994
4. FEI Number: 36-2225484 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

REYES, OMAR
~~598 CORDONA DRIVE~~ 4743 Mesa Verde Drive
~~KISSIMMEE FL 34758~~ St.Cloud, FL 34769-1626

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: Omar Reyes (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 3/17/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	D - P	☒ Change ☐ Addition
NAME	WILSON, REV FRED	12 NAME	Les Magee	
STREET ADDRESS	16330 LOS GATOS BLVD	13 STREET ADDRESS	1770 East 6200 South	
CITY-ST-ZIP	LOS GATOS CA	14 CITY-ST-ZIP	Ogden, UT 84405	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	ESTEP, JOHN H	22 NAME		
STREET ADDRESS	25W560 GENEVA ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	WHEATON, IL 00000	24 CITY-ST-ZIP		
TITLE	DT	31 TITLE	D - T	☒ Change ☐ Addition
NAME	FALCONER, RICHARD P	32 NAME	Richard Grey Jeffreys	
STREET ADDRESS	25W560 GENEVA ROAD	33 STREET ADDRESS	25W560 Geneva Road	
CITY-ST-ZIP	WHEATON, IL 00000	34 CITY-ST-ZIP	Wheaton, IL 60188	
TITLE	DS	41 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, DR FAYE	42 NAME		
STREET ADDRESS	3741 S WALDEN WAY	43 STREET ADDRESS		
CITY-ST-ZIP	AURORA CO	44 CITY-ST-ZIP		
TITLE	DV	51 TITLE	D - V	☒ Change ☐ Addition
NAME	MAGEE, LES (	52 NAME	Donald Davis	
STREET ADDRESS	1770 E. 6200 SOUTH	53 STREET ADDRESS	1215 Marlborough Ave.	
CITY-ST-ZIP	OGDEN UT	54 CITY-ST-ZIP	Inglewood, CA 90302	
TITLE	DS	61 TITLE		☐ Change ☐ Addition
NAME	HILL, MR CAREY	62 NAME		
STREET ADDRESS	5 DEVONSHIRE CT	63 STREET ADDRESS		
CITY-ST-ZIP	PEEKSKILL NY	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John H. Estep, General Director (708) 260-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3/09/95 — Daytime Phone #

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 MAR 28 PM 6:37

DOCUMENT # 819203 (1)

1. Corporation Name

AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, I NC.

Principal Place of Business	Mailing Address
1 ST. JUDE PLACE BLDG. BOX 3704 MEMPHIS TN 38136-6984	1 ST. JUDE PLACE BLDG. BOX 3704 MEMPHIS TN 38136-6984

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1965
3a. Date of Last Report: 05/01/1994
4. FEI Number: 35-1044585 ☐ Applied For ☐ Not Applicable
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):
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
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 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 _____ 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	V	11 TITLE	Chairman	☒ Change ☐ Addition
NAME	SIMON, PAUL	12 NAME	Anthony Shaker	
STREET ADDRESS	20580 HOOVER ROAD	13 STREET ADDRESS	1100 Lake Street	
CITY-ST-ZIP	DETROIT MI 48205	14 CITY-ST-ZIP	Oak Park, IL 60301	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	SHADYAC, RICHARD C.	22 NAME		
STREET ADDRESS	5861 COLUMBIA PIKE, SUITE 101	23 STREET ADDRESS		
CITY-ST-ZIP	FALLS CHURCH VA	24 CITY-ST-ZIP		
TITLE	T	31 TITLE	Treasurer	☒ Change ☐ Addition
NAME	NIMER, DAVID	32 NAME	Tom Quick	
STREET ADDRESS	9840 SW 126TH TERRACE	33 STREET ADDRESS	26 Broadway, 11th Floor	
CITY-ST-ZIP	MIAMI FL 33176	34 CITY-ST-ZIP	New York, NY 10004	
TITLE	VD	41 TITLE	Director	☒ Change ☐ Addition
NAME	SHAKER, JOE	42 NAME	Ralph Abercia	
STREET ADDRESS	1100 LAKE ST.	43 STREET ADDRESS	12438 Memorial Drive	
CITY-ST-ZIP	OAK PARK IL	44 CITY-ST-ZIP	Houston, TX 77024	
TITLE	VP	51 TITLE	Director	xx Change ☐ Addition
NAME	SIMON, PAUL	52 NAME	Paul Simon	
STREET ADDRESS	20580 HOOVER ROAD	53 STREET ADDRESS	20580 Hoover Road	
CITY-ST-ZIP	DETROIT MI	54 CITY-ST-ZIP	Detroit, MI 48205	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed), or on an attachment with an address.

SIGNATURE: BY: Richard C. Shadyac — American Lebanese Syrian Associated Charities, Inc.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Richard C. Shadyac
National Executive Director
901-522-9733

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

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DIVISION OF CORPORATIONS
95 MAR 28 PM 5:31

DOCUMENT # **823750** **(5)**

1. Corporation Name
NATIONAL CARGO BUREAU INC

Principal Place of Business	Mailing Address
30 VESEY STREET NEW YORK NY 10007	30 VESEY STREET NEW YORK NY 10007

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1969	3a. Date of Last Report: 04/04/1994
4. FEI Number: 13-5615189	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KOEHLER, WILLIAM R.
202 S. 22ND ST.
SUITE #207
TAMPA FL 33605

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	VPS	11 TITLE	☐ Change ☐ Addition
NAME	CUMMING, CHARLES S.	12 NAME	
STREET ADDRESS	30 VESEY ST.	13 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 100072914	14 CITY-ST-ZIP	
TITLE	CB	21 TITLE	☐ Change ☐ Addition
NAME	ENGELBRECHT, HENRY E	22 NAME	
STREET ADDRESS	420 ROUT 206 N	23 STREET ADDRESS	
CITY-ST-ZIP	BEDMINSTER NJ	24 CITY-ST-ZIP	
TITLE	DT	31 TITLE	☐ Change ☐ Addition
NAME	JAGOE, CLIFFORD C	32 NAME	
STREET ADDRESS	5 RIVER ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	COFCOB CT	34 CITY-ST-ZIP	
TITLE	DCB	41 TITLE	☐ Change ☐ Addition
NAME	YERRILL, VICTOR M	42 NAME	
STREET ADDRESS	61 BROADWAY SUITE 3301	43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP	
TITLE	P	51 TITLE	☐ Change ☐ Addition
NAME	MCNAMARA, JAMES J	52 NAME	
STREET ADDRESS	30 VESEY STREET	53 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BULLOCH, MAC G JR.	62 NAME	
STREET ADDRESS	4709 HENICAN PLACE	63 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE LA 70007	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: /s/ CHARLES S. CUMMING, VP & SCTY (212) 571-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

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

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DIVISION OF CORPORATIONS
95 MAR 29 PM 3:56

DOCUMENT # 825393 (2)

1. Corporation Name
KROPF MANUFACTURING CO., INC.

Principal Place of Business: POST OFFICE BOX 30, GOSHEN IN 46526

Mailing Address: POST OFFICE BOX 30, GOSHEN IN 46526

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1970
3a. Date of Last Report: 06/22/1994
4. FEI Number: 35-0918279 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

KROPF,VERNON
129 HOLLY AVE.
SARASOTA FL 34243

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 ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KROPF,ROBERT
STREET ADDRESS	58735 STATE ROAD 15 R7
CITY ST ZIP	GOSHEN IN
TITLE	VD
NAME	KROPF, VERNON
STREET ADDRESS	129 HOLLY AVE.
CITY ST ZIP	SARASOTA, FL 00000
TITLE	ST
NAME	KROPF, DOROTHY
STREET ADDRESS	58735 SR15
CITY ST ZIP	GOSHEN, IN 00000
TITLE	D
NAME	KROPF, EMILITA
STREET ADDRESS	129 HOLLY AVE.
CITY ST ZIP	SARASOTA, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (1–6: TITLE, NAME, STREET ADDRESS, CITY ST ZIP; ☐ Change ☐ Addition) — blank

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: Dorothy Kropf (signature and typed or printed name of signing officer or director) January 11, 1995 (Date) (219) 533-2171 (Daytime Phone #)

0480851 FN

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

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DIVISION OF CORPORATIONS
95 MAR 29 PM 4:02

DOCUMENT # **825593** **(7)**

1. Corporation Name
THE WELLA CORPORATION

Principal Place of Business	Mailing Address
524 GRAND AVENUE ENGLEWOOD NJ 07631	524 GRAND AVENUE ENGLEWOOD NJ 07631

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1971
3a. Date of Last Report: 02/17/1994

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: 22-1543417 ☐ 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 the date of signature. (NOTE: Registered Agent's signature required when changed.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	11 TITLE	S	☒ Change ☐ Addition
NAME	CONZELMANN, GERD	12 NAME	SCANLON, ELIZABETH	
STREET ADDRESS	524 GRAND AVE	13 STREET ADDRESS		
CITY ST ZIP	ENGLEWOOD, NJ 0	14 CITY ST ZIP		
TITLE	V	21 TITLE	VD	☒ Change ☐ Addition
NAME	SCHULTNER, HEINZ	22 NAME		
STREET ADDRESS	524 GRAND AVENUE	23 STREET ADDRESS		
CITY ST ZIP	ENGLEWOOD NJ	24 CITY ST ZIP		
TITLE	V	31 TITLE		☒ Change ☐ Addition
NAME	BULSARA, CYRUS	32 NAME	DELETE	
STREET ADDRESS	524 GRAND AVE	33 STREET ADDRESS		
CITY ST ZIP	ENGLEWOOD, NJ 0	34 CITY ST ZIP		
TITLE	S	41 TITLE	T	☒ Change ☐ Addition
NAME	MCCALL, WALTER	42 NAME	McColl, Walter	
STREET ADDRESS	524 GRAND AVENUE	43 STREET ADDRESS		
CITY ST ZIP	ENGLEWOOD NJ	44 CITY ST ZIP		
TITLE	PD	51 TITLE		☐ Change ☐ Addition
NAME	ARGENTI, MARIO	52 NAME		
STREET ADDRESS	524 GRAND AVE	53 STREET ADDRESS		
CITY ST ZIP	ENGLEWOOD, N J 00000	54 CITY ST ZIP		
TITLE	VD	61 TITLE		☐ Change ☐ Addition
NAME	KARRAS, HANS	62 NAME		
STREET ADDRESS	4650 OAKLEYS LANE	63 STREET ADDRESS		
CITY ST ZIP	RICHMOND VA	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: Walter McColl WALTER McCOLL 3/17/95 561-1020 ext 213
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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 28 PM 5:31

DOCUMENT # **826257** **(8)**

1. Corporation Name
UNITED STATES COLD STORAGE, INC.

Principal Place of Business	Mailing Address
100 DOBBS LN.STE.102 P.O.BOX 5460 CHERRY HILL NJ 08034-6998	100 DOBBS LN.STE.102 P.O.BOX 5460 CHERRY HILL NJ 08034-6998

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/28/1971
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 11-1618557 ☐ 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 (Registered Agent signature required for filing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BRIDGMAN, T.C.	12 NAME	
STREET ADDRESS	100 DOBBS LANE, SUITE 102	13 STREET ADDRESS	
CITY-ST-ZIP	CHERRY HILL NJ	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SCOTT, E.J. R.	22 NAME	
STREET ADDRESS	8 SPRING ST.	23 STREET ADDRESS	
CITY-ST-ZIP	SYDNEY 2000 AUSTRALIA	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SPOONER, JAMES SIR	32 NAME	
STREET ADDRESS	SWIRE HOUSE, 59 BUCKINGHAM GATE	33 STREET ADDRESS	
CITY-ST-ZIP	LONDON SWIE 6AJ EN	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	OMPS, J.E.	42 NAME	
STREET ADDRESS	442 WESTWOOD DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	WOODBURY NJ	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, DONALD J.	52 NAME	
STREET ADDRESS	727 CORNWALLIS DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	MT. LAUREL NJ	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	SLAMON, J.	62 NAME	
STREET ADDRESS	2 CLARKS GAP COURT	63 STREET ADDRESS	
CITY-ST-ZIP	MEDFORD NJ	64 CITY-ST-ZIP	

14. I do hereby certify that this 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: Donald J. Wright 3/21/95 (609) 354 8181
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Telephone Number)
Donald J. Wright

826257

Corporation Annual Report
1995

(Continued)

Line 6:

Title	Name	Address	City & State
7. D	Roberts, P.J.	Swire House, 59 Buckingham Gate	London, SW1E 6AJ England

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 28 PM 6:08

DOCUMENT # 831732 (3)

1. Corporation Name
ANCHOR MORTGAGE SERVICES, INC.

Principal Place of Business	Mailing Address
1460 VALLEY RD ATTN: WALKER SOKOL WAYNE NJ 07470 US	1460 VALLEY RD ATTN: WALKER SOKOL WAYNE NJ 07470 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1974
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business (21)
Suite Apt # etc (22): ATTN: MICHAEL D. FRIEDMAN
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26): EAB Plaza, East Tower
Suite Apt # etc (27): 14th Floor
City & State (28): Uniondale, NY
Zip (29): 11556 Country (30): USA

4. FEI Number: 22-2015201 ☐ 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

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 (Registered Agent signature required when name changed) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	SEWRIGHT, CHARLES, JR.	12 NAME	JENNE K. BRITELL	
STREET ADDRESS	1460 VALLEY ROAD	13 STREET ADDRESS	EAB Plaza, East Tower (14th Fl.)	
CITY ST ZIP	WAYNE NJ	14 CITY ST ZIP	Uniondale, NY 11556	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	BRULL, JOHN	22 NAME	PAUL COLASONO	
STREET ADDRESS	1420 BROADWAY	23 STREET ADDRESS	EAB Plaza, East Tower (14th Fl.)	
CITY ST ZIP	HEWLETT NY	24 CITY ST ZIP	Uniondale, NY 11556	
TITLE	SD	31 TITLE	VDT	☒ Change ☐ Addition
NAME	BROOKS, GENE C	32 NAME	MICHAEL D. FRIEDMAN	
STREET ADDRESS	1420 BROADWAY	33 STREET ADDRESS	EAB Plaza, East Tower (11th Fl.)	
CITY ST ZIP	HEWLETT NY	34 CITY ST ZIP	Uniondale, NY 11556	
TITLE	D	41 TITLE	V	☒ Change ☐ Addition
NAME	DALRYMPLE, RICHARD	42 NAME	ROBERT C. SZLADEK, JR.	
STREET ADDRESS	1420 BROADWAY	43 STREET ADDRESS	924 Beach Boulevard	
CITY ST ZIP	WAYNE NJ	44 CITY ST ZIP	Jacksonville Beach, FL 32240	
TITLE		51 TITLE	S	☐ Change ☒ Addition
NAME		52 NAME	GAIL BRATHWAITE	
STREET ADDRESS		53 STREET ADDRESS	EAB Plaza, East Tower (14th Fl.)	
CITY ST ZIP		54 CITY ST ZIP	Uniondale, NY 11556	
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 accurately reflected 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 report or supplemental 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 with an address, with an X in the box.

SIGNATURE: Michael D. Friedman (516) 745-2707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0304743 FR

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 28 PM 5:47

DOCUMENT # **832028** (5)

1. Corporation Name
PARSONS & WHITTEMORE RESOURCES INDUSTRIES INC.

Principal Place of Business	Mailing Address
25 WEST FLAGLER STREET MIAMI FL 33130	4 INTERNATIONAL DRIVE RYE BROOK NY 10573 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1974	3a. Date of Last Report: 04/18/1994
4. FEI Number: 13-2949226	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES
801N.E. 167TH ST.
NORTH MIAMI BEACH FL 33162

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	J AVERILL	12 NAME	
STREET ADDRESS	25 W FLAGLER ST	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	VST	21 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, A L	22 NAME	
STREET ADDRESS	4 INTERNATIONAL DR #300	23 STREET ADDRESS	
CITY ST ZIP	RYE BROOK NY	24 CITY ST ZIP	
TITLE	AS	31 TITLE	☐ Change ☐ Addition
NAME	HALL, KEITH A	32 NAME	
STREET ADDRESS	4 INTERNATIONAL DR.	33 STREET ADDRESS	
CITY ST ZIP	RYE BROOK NY	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: Arthur L. Schwartz 3/22/95
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Title — Daytime Phone #

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:01

DOCUMENT # **835380** **(7)**

1. Corporation Name
ALLIED LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
701 FIFTH AVENUE PO BOX 4927 DES MOINES IA 50391-2000 US	701 FIFTH AVENUE PO BOX 4927 DES MOINES IA 50391-2003 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/12/1975	04/27/1994

2. Principal Place of Business (21)	2a. Mailing Address (26)	4. FEI Number	Applied For / Not Applicable
		42-0921353	

Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State (23)	City & State (28)	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip (24) / Country (25)	Zip (29) / Country (30)	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
INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32304	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, if 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	CD	11 TITLE	☐ Change ☐ Addition
NAME	EVANS, JOHN E.	12 NAME	
STREET ADDRESS	701 FIFTH AVENUE	13 STREET ADDRESS	
CITY ST ZIP	DES MOINES IA	14 CITY ST ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	WELLS, SAMUEL J.	22 NAME	
STREET ADDRESS	701 FIFTH AVE	23 STREET ADDRESS	
CITY ST ZIP	DES MOINES, IA 00000	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	DUFFY, JOHN S	32 NAME	
STREET ADDRESS	701 FIFTH AVE	33 STREET ADDRESS	
CITY ST ZIP	DES MOINES, IA 00000	34 CITY ST ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	OLESON, GEORGE T.	42 NAME	
STREET ADDRESS	701 FIFTH AVENUE	43 STREET ADDRESS	
CITY ST ZIP	DES MOINES IA	44 CITY ST ZIP	
TITLE	VT	51 TITLE	☐ Change ☐ Addition
NAME	CROSSER, WENDELL P.	52 NAME	
STREET ADDRESS	701 FIFTH AVENUE	53 STREET ADDRESS	
CITY ST ZIP	DES MOINES IA	54 CITY ST ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	MCGILLIVRAY, PAUL G.	62 NAME	
STREET ADDRESS	701 FIFTH AVE	63 STREET ADDRESS	
CITY ST ZIP	DES MOINES, IA 00000	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 above, or on an attachment with an address.

SIGNATURE: John S. Duffy 3-20-95 (515)280-4351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 4:10

DOCUMENT # **836079** **(4)**

1. Corporation Name
THE EXYLIN COMPANY

Principal Place of Business	Mailing Address
5301 NW 161ST ST. MIAMI FL 33014	5301 NW 161ST ST. MIAMI FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/02/1976	03/22/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 75-0776417 ☐ 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	10. Name and Address of New Registered Agent
ZOBEL, LEONARD 20025 NE 10 PL N MIAMI BEACH FL 33179	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 2708 OAKMONT CT. 83 84 City: FT. LAUDERDALE FL 85 Zip Code: 33332

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
(Registered agent's signature required if registered agent is not an officer or director of the corporation) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	PD	11 TITLE		☑ Change ☐ Addition
12 NAME	ZOBEL, LEONARD	12 NAME		
13 STREET ADDRESS	20025 N.E. 10 PL	13 STREET ADDRESS	2708 OAKMONT CT.	
14 CITY-ST-ZIP	N. MIAMI BEACH FL 33179	14 CITY-ST-ZIP	FT LAUDERDALE, FL. 3333✓	
21 TITLE	VP	21 TITLE		☑ Change ☐ Addition
22 NAME	ZOBEL, TRACY	22 NAME		
23 STREET ADDRESS	12690 NW 11 PL.	23 STREET ADDRESS	12699 NW 11 PL.	
24 CITY ST ZIP	SUNRISE FL 33323	24 CITY ST ZIP	SUNRISE, FL 33323	
31 TITLE	TD	31 TITLE		☑ Change ☐ Addition
32 NAME	ZOBEL, DORRIT	32 NAME		
33 STREET ADDRESS	20025 NE 10 PL	33 STREET ADDRESS	2708 OAKMONT CT.	
34 CITY ST ZIP	N MIAMI BCH FL 33179	34 CITY ST ZIP	FT. LAUDERDALE, FL. 3333✓	
41 TITLE		41 TITLE		☐ Change ☐ Addition
42 NAME		42 NAME		
43 STREET ADDRESS		43 STREET ADDRESS		
44 CITY ST ZIP		44 CITY ST ZIP		
51 TITLE		51 TITLE		☐ Change ☐ Addition
52 NAME		52 NAME		
53 STREET ADDRESS		53 STREET ADDRESS		
54 CITY ST ZIP		54 CITY ST ZIP		
61 TITLE		61 TITLE		☐ Change ☐ Addition
62 NAME		62 NAME		
63 STREET ADDRESS		63 STREET ADDRESS		
64 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 addition.

SIGNATURE: X Leonard Zobel LEONARD ZOBEL 3-24-95 (305)638-1410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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 28 PM 6: 13

DOCUMENT # 839406 (6)

1. Corporation Name
OGDEN CONSTRUCTION, INC.

Principal Place of Business
1900 BROOKDALE DRIVE WEST
MOBILE ALABAMA 36618

Mailing Address
1900 BROOKDALE DRIVE WEST
MOBILE ALABAMA 36618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1977
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 63-0720094 ☐ 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**

TURNER, RICHARD H
109 WEST GARDEN STREET
PENSACOLA, FLORIDA
32593

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	☐ Change ☐ Addition
NAME	OGDEN, LINDA L	1.2 NAME	
STREET ADDRESS	16 HILLWOOD ROAD	1.3 STREET ADDRESS	
CITY ST ZIP	MOBILE, AL 00000	1.4 CITY ST ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	OGDEN, JAMES N., III	2.2 NAME	
STREET ADDRESS	16 HILLWOOD ROAD	2.3 STREET ADDRESS	
CITY ST ZIP	MOBILE, AL 00000	2.4 CITY ST ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	LINCECUM, MICHAEL	3.2 NAME	
STREET ADDRESS	1900 BROOKDALE DR. WEST	3.3 STREET ADDRESS	
CITY ST ZIP	MOBILE, AL 00000	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
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 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: Linda L. Ogden LINDA L. OGDEN Sec/Treasurer 3-28-95 334-479-7730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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 28 PM 1:07

DOCUMENT # **839449** **(6)**

1. Corporation Name
THE L.E. MYERS CO.

Principal Place of Business	Mailing Address
2550 W GOLF RD ROLLING MEADOWS IL 60008	2550 W GOLF RD ROLLING MEADOWS IL 60008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1977
3a. Date of Last Report: 05/18/1994

2. Principal Place of Business
21 SAME AS ABOVE
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 SAME AS ABOVE
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 36-1517230 ☐ 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 (Signature required when registered agent is changed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPCE	1.1 TITLE	☐ Change ☐ Addition
NAME	BRENNAN III, CHARLES M	1.2 NAME	
STREET ADDRESS	2550 W GOLF ROAD / STE - 200	1.3 STREET ADDRESS	"SEE ATTACHED"
CITY ST ZIP	ROLLING MEADOWS IL	1.4 CITY ST ZIP	
TITLE	SVP	2.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, BYRON D	2.2 NAME	
STREET ADDRESS	2550 W GOLF ROAD / STE - 200	2.3 STREET ADDRESS	
CITY ST ZIP	ROLLING MEADOWS IL	2.4 CITY ST ZIP	
TITLE	SVP	3.1 TITLE	☐ Change ☐ Addition
NAME	ROBBINS, ELLIOTT C	3.2 NAME	
STREET ADDRESS	2550 W GOLF ROAD / STE - 200	3.3 STREET ADDRESS	
CITY ST ZIP	ROLLING MEADOWS IL	3.4 CITY ST ZIP	
TITLE	SVP	4.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, RICHARD A	4.2 NAME	
STREET ADDRESS	2550 W GOLF ROAD / STE - 200	4.3 STREET ADDRESS	
CITY ST ZIP	ROLLING MEADOWS IL	4.4 CITY ST ZIP	
TITLE	VP	5.1 TITLE	☐ Change ☐ Addition
NAME	COOPER, MICHAEL D	5.2 NAME	
STREET ADDRESS	2550 W GOLF ROAD / STE - 200	5.3 STREET ADDRESS	
CITY ST ZIP	ROLLING MEADOWS IL	5.4 CITY ST ZIP	
TITLE	C	6.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, BETTY R	6.2 NAME	
STREET ADDRESS	2550 W. GOLF ROAD, SUITE 200	6.3 STREET ADDRESS	
CITY ST ZIP	ROLLING MEADOWS IL 60008	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)(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 above, or on an attachment with an address.

SIGNATURE: Betty R. Johnson / BETTY R. JOHNSON 3/21/95 (708) 290-1891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0487630 FP

839449

CORPORATE OFFICERS

THE L. E. MYERS CO.

2550 W. Golf Road, Suite 200
Rolling Meadows, IL 60008

Name	Office
Charles M. Brennan III	Chairman, President and Chief Executive Officer
William S. Skibitsky	President and Chief Operating Officer
Byron D. Nelson	Senior Vice President, General Counsel and Secretary
Elliott C. Robbins	Senior Vice President, Treasurer and Chief Financial Officer
Richard A. Martin	Senior Vice President
Michael D. Cooper	Vice President
Betty R. Johnson	Controller

DIRECTORS

Charles M. Brennan III
William S. Skibitsky
Byron D. Nelson
Elliott C. Robbins

March 13, 1995

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 28 PM 4:07

DOCUMENT # **839520** **(4)**

1. Corporation Name
AMERICAN SERVICE BUREAU, INC.

Principal Place of Business	Mailing Address
492 OLD CONNECTICUT PATH FRAMINGHAM MA 01701	492 OLD CONNECTICUT PATH FRAMINGHAM MA 01701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/10/1977**
3a. Date of Last Report: **02/08/1994**

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: **36-0730015** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip 24 / Country 25 / Zip 29 / Country 30
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 SOUTH 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 _____ DATE (Registered Agent's signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	11 TITLE	☐ Change ☐ Addition
NAME	~~GAINES, H MICHAEL~~	12 NAME	
STREET ADDRESS	~~14 OLD MILL ROAD~~	13 STREET ADDRESS	
CITY ST ZIP	~~NORLFOK MA~~	14 CITY ST ZIP	
TITLE	CD	21 TITLE	☐ Change ☐ Addition
NAME	FUSCO, ROBERT A	22 NAME	
STREET ADDRESS	15 CRANE RD	23 STREET ADDRESS	
CITY ST ZIP	LLOYD HARBOR NY	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LIGOURI, FRANK N	32 NAME	
STREET ADDRESS	2 TALISMAN CT	33 STREET ADDRESS	
CITY ST ZIP	DIX HILLS NY	34 CITY ST ZIP	
TITLE	C	41 TITLE	☐ Change ☐ Addition
NAME	NORD, JOHN	42 NAME	
STREET ADDRESS	2 STAGECOACH WAY	43 STREET ADDRESS	
CITY ST ZIP	HOPKINTON MA	44 CITY ST ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	LADEROUTE, LAURIN L JR	52 NAME	
STREET ADDRESS	38 KENSIGNTON RD	53 STREET ADDRESS	
CITY ST ZIP	GARDEN CITY NY	54 CITY ST ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	PUGLISI, ANTHOLY	62 NAME	
STREET ADDRESS	15 CARRIAGE CT	63 STREET ADDRESS	
CITY ST ZIP	SYOSSET NY	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)(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: V.P. Finance 3/17/95 (508) 935-3700
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #