FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **815937** **(8)**

1. Corporate Name

OSMOSE WOOD PRESERVING. INC.

Principal Place of Business	Mailing Address
980 ELLICOTT STREET BUFFALO NEW YORK 14209	980 ELLICOTT STREET BUFFALO NEW YORK 14209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/1962	3a. Date of Last Report: 04/29/1994
4. FEI Number: 16-0579500	☐ 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. The corporation has [illegible] 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provision of Section 607.1005, 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: (If changing Registered Agent, this must be signed by the new Registered Agent.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	VP	TITLE	☐ Change ☐ Addition
NAME	MCNAMARA, WILLIAM S.	NAME	
STREET ADDRESS	80 FAIRLAWN DR	STREET ADDRESS	
CITY-ST-ZIP	E AURORA NY	CITY-ST-ZIP	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	WEBER, ROBERT E.	NAME	
STREET ADDRESS	980 ELLICOTT STREET	STREET ADDRESS	
CITY-ST-ZIP	BUFFALO, N Y 0	CITY-ST-ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	ORLOWSKI, RONALD J.	NAME	
STREET ADDRESS	980 ELLICOTT ST.	STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY	CITY-ST-ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	LEACH, ROBERT M.	NAME	
STREET ADDRESS	980 ELLICOTT STREET	STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY	CITY-ST-ZIP	
TITLE	VS	TITLE	☐ Change ☐ Addition
NAME	DAUGHERTY, GERALD	NAME	
STREET ADDRESS	980 ELLICOTT ST.	STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	STORER, JOHN W.	NAME	
STREET ADDRESS	507 FARWELL DR.	STREET ADDRESS	
CITY-ST-ZIP	MADISON WI	CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is, effectively 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attached sheet, with an indication.

SIGNATURE: JAMES T. CLARK TREASURER 4/27/95

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

0476872 FP