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

DOCUMENT # **817086** **(2)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:15

1. Corporation Name

EXECUTIVE WOMEN INTERNATIONAL - CORPORATION

Principal Place of Business	Mailing Address
515 SOUTH 700 EAST 2E SALT LAKE CITY UT 84102 US	515 SOUTH 700 EAST #2E SALT LAKE CITY UT 84102 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/24/1962
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

4. FEI Number: 94-6076982 ☐ Applied For ☐ Not Applicable

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

WRIGHT, MARY ANN % AMER. HERIT. LIFE INS.
CO., AMERICAN HERITAGE LIFE BLDG.,
ELEVEN EAST FORSYTH ST.,
JACKSONVILLE FL 32207

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 filing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	President	☒ Change ☐ Addition
NAME	KANNO, BRENDA	12 NAME	Barbara Griswold	
STREET ADDRESS	2800 WOODLAWN DR.	13 STREET ADDRESS	180 S Lake Ave	
CITY ST ZIP	HONOLULU HI	14 CITY ST ZIP	Pasadena, CA 91101	
TITLE	VP	21 TITLE	Vice President	☒ Change ☐ Addition
NAME	GRISWOLD, BARBARA	22 NAME	Glenda Burson	
STREET ADDRESS	180 S. LAKE AVE, STE 215	23 STREET ADDRESS	23 Inverness Center Parkway	
CITY ST ZIP	PASADENA CA	24 CITY ST ZIP	Birmingham, AL 35243	
TITLE	S	31 TITLE	Secretary	☒ Change ☐ Addition
NAME	ENGELBRECHT, ANN	32 NAME	Edna Servos	
STREET ADDRESS	715 LOCUST ST.	33 STREET ADDRESS	400 4th Ave SW	
CITY ST ZIP	DES MOINES IA	34 CITY ST ZIP	Calgary, Alberta, Canada T2P2H5	
TITLE	T	41 TITLE	Treasurer	☒ Change ☐ Addition
NAME	WEAVER, LESLIE	42 NAME	Rebecca Hord	
STREET ADDRESS	212 LOCUST ST.	43 STREET ADDRESS	2361 Morse	
CITY ST ZIP	HARRISBURG PA	44 CITY ST ZIP	Columbus, OH 43229	
TITLE	D	51 TITLE	Director	☒ Change ☐ Addition
NAME	GRASS, JOYCE	52 NAME	Janet Dillow	
STREET ADDRESS	6825 SW SANDBURG	53 STREET ADDRESS	4401 E Margina A	
CITY ST ZIP	TIGARD OR	54 CITY ST ZIP	Seattle, WA 98134	
TITLE	D	61 TITLE	Director	☒ Change ☐ Addition
NAME	DILLOW, JANET	62 NAME	Ann Engelbrecht	
STREET ADDRESS	4401 E. MARGINAL WAY	63 STREET ADDRESS	715 Locust ST	
CITY ST ZIP	SEATTLE WA	64 CITY ST ZIP	Des Moines, IA 50309	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for confidentiality pursuant to 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 added on an attachment with an address.

SIGNATURE: Barbara Griswold 3-27-95 818 795-2000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
BARBARA GRISWOLD, PRES. elect

0491206 FN