

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 822228 (3)

1. Corporation Name

UPHAM INTERNATIONAL CORPORATION



Principal Place of Business

Mailing Address

AMFAC CENTER, HAWAII TOWER
745 FORT STR STE 700
HONOLULU HI 96813
US

AMFAC CENTER, HAWAII TOWER
745 FORT STR STE 700
HONOLULU HI 96813
US

3. Date Incorporated or Qualified

12/31/1968

3a. Date of Last Report

02/16/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASELLA, ROBERT M.
SUITE 100
2424 MANATEE AVE. W.
BRADENTON FL 34205

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

VD

☐ DELETE

NAME

BLUEMEL, PETER

STREET ADDRESS

745 FORT STR STE 700

CITY - ST - ZIP

HONOLULU HI

TITLE

AS

☐ DELETE

NAME

MCMICHAEL, H.R.

STREET ADDRESS

265 KENILWORTH AVE

CITY - ST - ZIP

ORMOND BCH FL

TITLE

PD

☐ DELETE

NAME

ANDERSON, ROBERT M

STREET ADDRESS

PO BOX NA SNAMPAO

CITY - ST - ZIP

BANGKOK TH

TITLE

VD

☐ DELETE

NAME

MCNULTY, ANDREW C

STREET ADDRESS

265 KENILWORTH AVE

CITY - ST - ZIP

ORMOND BCH, FL 00000

TITLE

VD

☐ DELETE

NAME

VD

STREET ADDRESS

265 KENILWORTH AVE

CITY - ST - ZIP

ORMOND BCH, FL 00000

TITLE

VD

☐ DELETE

NAME

VD

STREET ADDRESS

265 KENILWORTH AVE

CITY - ST - ZIP

ORMOND BCH, FL 00000

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:

Peter Bluemel, EXEC. V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-13-96

Date

808-838-0700

Daytime Phone #

CR2E034 (12/95)