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

FILED
96 APR -3 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **822841** **(3)**

1. Corporation Name

MOTHERCARE INCORPORATED

Principal Place of Business

CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE 19801

Mailing Address

CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE 19801

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

3. Date Incorporated or Qualified: 05/22/1969

3a. Date of Last Report: 05/01/1995

4. FEI Number: 13-2635509 — 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 Section 607.0505, 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 this 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

12. OFFICERS AND DIRECTORS

TITLE	VTD	☐ DELETE
NAME	HORNE, A.M.	
STREET ADDRESS	1209 ORANGE STREET	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	VAS	☐ DELETE
NAME	DENNY, C. M.	
STREET ADDRESS	1209 ORANGE STREET	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	SVD	☐ DELETE
NAME	LUTTHANS, KIM E	
STREET ADDRESS	1209 ORANGE ST.	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	DP	☐ DELETE
NAME	FERRUCCI, M.A.	
STREET ADDRESS	1209 ORANGE ST.	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	VAS	☐ DELETE
NAME	WILLIAMS, M.L.	
STREET ADDRESS	1209 ORANGE ST.	
CITY-ST-ZIP	WILMINGTON DE	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Lenda 4/8/96

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change ☐ Addition
2 NAME	
3 STREET ADDRESS	
4 CITY-ST-ZIP	
2 TITLE	☐ Change ☐ Addition
2 NAME	
2a STREET ADDRESS	
2b CITY-ST-ZIP	
3 TITLE	☐ Change ☐ Addition
3a NAME	
3b STREET ADDRESS	
3c CITY-ST-ZIP	
4 TITLE	☐ Change ☐ Addition
4a NAME	
4b STREET ADDRESS	
4c CITY-ST-ZIP	
5 TITLE	☐ Change ☐ Addition
5a NAME	
5b STREET ADDRESS	
5c CITY-ST-ZIP	
6 TITLE	☐ Change ☐ Addition
6a NAME	
6b STREET ADDRESS	
6c CITY-ST-ZIP	

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-04/03/96--01117--006
****200.00 ****200.00

CR2E034 (12/95)

14. I do hereby certify that the information supplied herein is true, correct, and complete and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that to conform with the Division's filing requirements, this annual report, if filed electronically, shall be deemed to be the same as if I had signed the original document. I understand 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 is listed in the current records.

SIGNATURE: M A Ferrucci M. A. FERRUCCI - 3/26/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR