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

APPROVED AND FILED
95 JUN 15 PM 3:16
TALLAHASSEE, FLORIDA

700001517427
-06/20/95--01055--009
****225.00 ****225.00

DOCUMENT # 826886

1. Corporation Name
ALMEAD, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
COURTHOUSE PLAZA NE P O BOX 305 DAYTON OH 45401-0305	COURTHOUSE PLAZA NE P O BOX 305 DAYTON OH 45401-0305

3. Date Incorporated or Qualified: **10/14/1971**
3a. Date of Last Report: **04/28/1993**

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

2a. Mailing Address
26: **WACHOVIA/KEVIN FRY**
Suite, Apt. #, etc.
27: **301 N. MAIN STREET**
City & State
28: **WINSTON-SALEM NC**
Zip / Country
29: **27150** 30: **U.S.**

4. FEI Number: **31-0737406** ☐ 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

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
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	P/D	11 TITLE		☐ Change ☐ Addition
NAME	FISHER, JANE B	12 NAME		
STREET ADDRESS	301 N. MAIN STREET	13 STREET ADDRESS		
CITY-ST-ZIP	WINSTON-SALEM, NC 27150	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	RIEDEL, NANCY D.	22 NAME		
STREET ADDRESS	301 N. MAIN STREET	23 STREET ADDRESS		
CITY ST ZIP	WINSTON-SALEM, NC 27150	24 CITY-ST-ZIP		
TITLE	S/A/T	31 TITLE		☐ Change ☐ Addition
NAME	LONG, JOE O.	32 NAME		
STREET ADDRESS	301 N. MAIN STREET	33 STREET ADDRESS		
CITY ST ZIP	WINSTON-SALEM, NC 27160	34 CITY ST ZIP		
TITLE	V/T/D	41 TITLE		☐ Change ☐ Addition
NAME	PRICE, MARIANNE B.	42 NAME		
STREET ADDRESS	301 N. MAIN STREET	43 STREET ADDRESS		
CITY ST ZIP	WINSTON-SALEM, NC 27150	44 CITY ST ZIP		
TITLE	A/S	51 TITLE		☐ Change ☐ Addition
NAME	COOK, JAMES C.	52 NAME		
STREET ADDRESS	301 N. MAIN STREET	53 STREET ADDRESS		
CITY ST ZIP	WINSTON-SALEM, NC 27150	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: Joe O. Long May 11, 1995 LW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #