

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 834946 (6)**

1. Corporation Name

**THE O'BRIEN CORPORATION**

**APPROVED  
AND  
FILED**

**95 MAY -1 AM 10: 03**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

**3001 W. WASHINGTON  
P.O. BOX 17  
SOUTH BEND IN 46824**

Mailing Address

**3001 W. WASHINGTON  
P.O. BOX 17  
SOUTH BEND IN 46824**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**09/02/1975**

3a. Date of Last Report

**04/26/1994**

2. Principal Place of Business

2a. Mailing Address

**21**

**26**

4. FEI Number

**35-0556830**

Applied For

**Not Applicable**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

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 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 registering)

DATE

12. OFFICERS AND DIRECTORS

|                 |                           |
|-----------------|---------------------------|
| TITLE           | PD                        |
| NAME            | CROWLEY, JEROME J JR      |
| STREET ADDRESS  | 395 OYSTER PT STE 350S    |
| CITY - ST - ZIP | SAN FRANCISCO CA          |
| TITLE           | VPAS                      |
| NAME            | CAHR, THOMAS H            |
| STREET ADDRESS  | 395 OYSTER PT STE 350S    |
| CITY - ST - ZIP | SAN FRANCISCO CA          |
| TITLE           | VPAS                      |
| NAME            | DALY, EDWARD P.           |
| STREET ADDRESS  | 395 OYSTER PT STE 350S    |
| CITY - ST - ZIP | SAN FRANCISCO CA          |
| TITLE           | AS                        |
| NAME            | KARABA, FRANK A.          |
| STREET ADDRESS  | 111 W. MONROE ST.         |
| CITY - ST - ZIP | CHICAGO, IL               |
| TITLE           | VPAS                      |
| NAME            | CAHR, THOMAS H            |
| STREET ADDRESS  | 395 OYSTER PT., STE. 350S |
| CITY - ST - ZIP | SAN FRANCISCO CA          |
| TITLE           | CAS                       |
| NAME            | ROEMER, M. C              |
| STREET ADDRESS  | 395 OYSTER PT STE 350S    |
| CITY - ST - ZIP | SAN FRANCISCO CA          |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1 1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1 2 NAME            |                                                                   |
| 1 3 STREET ADDRESS  |                                                                   |
| 1 4 CITY - ST - ZIP |                                                                   |
| 2 1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2 2 NAME            |                                                                   |
| 2 3 STREET ADDRESS  |                                                                   |
| 2 4 CITY - ST - ZIP |                                                                   |
| 3 1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3 2 NAME            |                                                                   |
| 3 3 STREET ADDRESS  |                                                                   |
| 3 4 CITY - ST - ZIP |                                                                   |
| 4 1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4 2 NAME            |                                                                   |
| 4 3 STREET ADDRESS  |                                                                   |
| 4 4 CITY - ST - ZIP |                                                                   |
| 5 1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5 2 NAME            |                                                                   |
| 5 3 STREET ADDRESS  |                                                                   |
| 5 4 CITY - ST - ZIP |                                                                   |
| 6 1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6 2 NAME            |                                                                   |
| 6 3 STREET ADDRESS  |                                                                   |
| 6 4 CITY - ST - ZIP |                                                                   |

SEE ATTACHED LIST

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 110.07(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:

*M Catherine Roemer*

**4/20/95**

**(219) 233-9361**

(Type and print name of signing officer or director)

*M Catherine Roemer Vice President - Finance*

(Type Name)

**The O'Brien Corporation**  
**Directors and Officers**  
**19-Apr-86**

834946

**Directors**

**Address**

Jerome J. Crowley Jr. ✓

395 Oyster Point Blvd. Suite 350  
So. San Francisco, CA 94080

Kenneth M. Evans

6 Liberty  
Aliso Viejo, Ca 92656

J. Patrick Murray

1728 Marin Ave.  
Berkeley, CA 94707

Frank B. O'Brien

12298 Crestwood Drive  
Carmel, IN 46032

John M. Pyclik

401 East Colfax - Suite 350  
South Bend, IN 46617

**Officers**

Jerome J. Crowley Jr. President ✓

395 Oyster Point Blvd. Suite 350  
So. San Francisco, CA 94080

Edward P. Daly V.P./ Secretary ✓

395 Oyster Point Blvd. Suite 350  
So. San Francisco, CA 94080

Thomas H. Cahir V.P./ Asst. Secretary ✓

2001 W. Washington Ave.  
South Bend, IN 46628

Eric Swanson V.P.

395 Oyster Point Blvd. Suite 350  
So. San Francisco, CA 94080

Terry A. Dicarlo V.P.

395 Oyster Point Blvd. Suite 350  
So. San Francisco, CA 94080

Russel D. Robison, Jr. V.P./ Asst. Secretary

2001 W. Washington Ave.  
South Bend, IN 46628

M. Catherine Roemer V.P. / Asst. Treasurer ✓

2001 W. Washington Ave.  
South Bend, IN 46628