SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -3 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 836068 (7)

1. Corporation Name

CHRISTIAN RECORD SERVICES, INC.

Principal Place of Business	Mailing Address
4444 S. 52ND ST. LINCOLN NE 68516	PO BOX 6097 LINCOLN NE 68506 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/31/1976
3a. Date of Last Report: 02/23/1994
4. FEI Number: 47-0405439 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

EDGECOMBE, LARRY
536 PROVIDENCE BLVD.
DELTONA FL 32725

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	VC	11 TITLE	☒ Change ☐ Addition	
NAME	~~TOMPKINS, J O~~	12 NAME	Chuck Sandefur	
STREET ADDRESS	8550 PIONEERS BLVD.	13 STREET ADDRESS		
CITY-ST-ZIP	LINCOLN NE	14 CITY-ST-ZIP		
TITLE	C	21 TITLE	☐ Change ☐ Addition	
NAME	RANZOLIN, L S	22 NAME		
STREET ADDRESS	6 AYLESBURY CT.	23 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRING MD	24 CITY-ST-ZIP		
TITLE	P	31 TITLE	☒ Change ☐ Addition	
NAME	~~HODGES, CLARENCE E~~	32 NAME	Lawrence J Pitcher	
STREET ADDRESS	4444 S. 52ND ST.	33 STREET ADDRESS		
CITY-ST-ZIP	LINCOLN NE	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	☐ Change ☐ Addition	
NAME	APPENZELLER, R E	42 NAME		
STREET ADDRESS	15425 AYLESBURG ST.	43 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRING MD	44 CITY-ST-ZIP		
TITLE	T	51 TITLE	☐ Change ☐ Addition	
NAME	HAWKINS, L V	52 NAME		
STREET ADDRESS	4444 S. 52ND ST.	53 STREET ADDRESS		
CITY-ST-ZIP	LINCOLN NE	54 CITY-ST-ZIP		
TITLE	S	61 TITLE	☒ Change ☐ Addition	
NAME	~~LOWE, TOM~~	62 NAME	Colleen Gilbert	
STREET ADDRESS	4444 S. 52ND ST.	63 STREET ADDRESS		
CITY-ST-ZIP	LINCOLN NE	64 CITY-ST-ZIP		

CR2E037 (3/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: F. W. [illegible] June 26, 1995 (402) 488-0981
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0910736

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **843752** (7)

1. Corporation Name

PALL CORPORATION

Principal Place of Business	Mailing Address
2200 NORTHERN BLVD EAST HILLS NY 11548	2200 NORTHERN BLVD EAST HILLS NY 11548

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/20/1979**

3a. Date of Last Report: **03/28/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24:

County — 25:

Zip — 29:

County — 30:

4. FEI Number: **11-1541330** ☐ 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

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

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: _____ (NOTE: Registered Agent's signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	KRASNOFF, ABRAHAM	12 NAME	KRASNOFF, ERIC	
STREET ADDRESS	2200 NORTHERN BLVD	13 STREET ADDRESS		
CITY ST ZIP	EAST HILLS, NY 0	14 CITY ST ZIP		
TITLE	S	21 TITLE	✓	☐ Change ☐ Addition
NAME	SCHWARTZMAN, PETER	22 NAME		
STREET ADDRESS	2200 NORTHERN BLVD	23 STREET ADDRESS		
CITY ST ZIP	EAST HILLS, NY 0	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	PALL, DAVID B	32 NAME		
STREET ADDRESS	2200 NORTHERN BLVD	33 STREET ADDRESS		
CITY ST ZIP	EAST HILLS, NY 0	34 CITY ST ZIP		
TITLE	PD	41 TITLE	V	☒ Change ☒ Addition
NAME	HARDY, MAURICE G	42 NAME	[redacted] Williams, Derek	
STREET ADDRESS	2200 NORTHERN BLVD	43 STREET ADDRESS	2200 Northern Blvd	
CITY ST ZIP	EAST HILLS, NY 0	44 CITY ST ZIP	East Hills, N.Y. 11548	
TITLE	~~VD~~	51 TITLE	P/D	☒ Change ☐ Addition
NAME	HAYWARD-SURRY, JEREMY	52 NAME		
STREET ADDRESS	2200 NORTHERN BLVD	53 STREET ADDRESS		
CITY ST ZIP	EAST HILLS, NY 0	54 CITY ST ZIP		
TITLE	✓	61 TITLE	V	☐ Change ☒ Addition
NAME	~~Nicholls, Donald~~	62 NAME	Nicholls, Donald	
STREET ADDRESS	~~2200 Northern Blvd~~	63 STREET ADDRESS	2200 Northern Blvd	
CITY ST ZIP		64 CITY ST ZIP	East Hills, NY. 11548	

12/27

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: _____ Secretary 6/20/95 (516)484-5400

SIGNATURE AND TYPED OR PRINTED NAME OF MDING OFFICER OR DIRECTOR — Date — Daytime Phone Number

Peter Schwartzman

0300607 FP