

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

DOCUMENT # 837720 (2)
 1. Corporation Name
KIMBERLY SERVICES, INC.



Principal Place of Business 175 BROAD HOLLOW RD MELVILLE NY 11747 US	Mailing Address 10890 BENSON DR OVERLAND PARK KS 66210-1508 US
--------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 175 BROAD HOLLOW ROAD MELVILLE, NY 11747-8905 26 City & State 27 Zip 28 Country 29	3. Date Incorporated or Qualified 01/19/1977 30 3a. Date of Last Report 04/28/1995 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
-----------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM % C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. 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 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 in block of registered agent and board agent (if applicable) (200) Registered Agent Signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUSCO, ROBERT A	1.2 NAME	
STREET ADDRESS	ONE MERRICK AVE	1.3 STREET ADDRESS	175 BROAD HOLLOW ROAD
CITY-STATE-ZIP	WESTBURY NY	1.4 CITY-STATE-ZIP	MELVILLE, NY 11747-8905
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOELSEN, THOMAS M	2.2 NAME	
STREET ADDRESS	ONE MERRICK AVE	2.3 STREET ADDRESS	SEE ABOVE
CITY-STATE-ZIP	WESTBURY NY	2.4 CITY-STATE-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LADEROUTE, LAURIN L JR.	3.2 NAME	
STREET ADDRESS	ONE MERRICK AVE	3.3 STREET ADDRESS	SEE ABOVE
CITY-STATE-ZIP	WESTBURY NY	3.4 CITY-STATE-ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, RUTH	4.2 NAME	
STREET ADDRESS	10890 BENSON DRIVE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	OVERLAND KS	4.4 CITY-STATE-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTEN, CHERYL	5.2 NAME	
STREET ADDRESS	ONE MERRICK AVE	5.3 STREET ADDRESS	SEE ABOVE
CITY-STATE-ZIP	WESTBURY NY	5.4 CITY-STATE-ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, BRADLEY D.	6.2 NAME	
STREET ADDRESS	14113 W 82 ST	6.3 STREET ADDRESS	
CITY-STATE-ZIP	LENEXA KS	6.4 CITY-STATE-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)(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 in an attachment with an address.

SIGNATURE: Laurin Laderoute DATE: 6/12/94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)