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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:05

DOCUMENT # 839312 (6)

1. Corporation Name
NYMAN MFG. CO

Principal Place of Business	Mailing Address
275 FERRIS AVE E PROVIDENCE RI 02916 US	275 FERRIS AVE E PROVIDENCE RI 02916 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/17/1977
3a. Date of Last Report: 02/08/1994

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
Country — 25
Zip — 29
Country — 30

4. FEI Number: 05-0281948 ☐ 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 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	VT	1.1 TITLE	☒ Change ☐ Addition
NAME	GAYSUSAS, C. A	1.2 NAME	Gaysunas, C.A.
STREET ADDRESS	283 MAYFLOWER CIRCLE	1.3 STREET ADDRESS	(terminated)
CITY-ST-ZIP	HANOVER MA	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	V ☐ Change ☒ Addition
NAME	PAIVA, M	2.2 NAME	Smith, Douglas
STREET ADDRESS	6 ADELE AVENUE	2.3 STREET ADDRESS	17 Deerpath Circle
CITY-ST-ZIP	RUMFORD RI	2.4 CITY-ST-ZIP	Greenbrook, NJ 08812
TITLE	P	3.1 TITLE	V ☐ Change ☒ Addition
NAME	NYMAN, ROBERT C.	3.2 NAME	Pierre, Joseph
STREET ADDRESS	12 COOKE STREET	3.3 STREET ADDRESS	30 Fletcher Rd.
CITY-ST-ZIP	PROVIDENCE RI	3.4 CITY-ST-ZIP	No Kingstown, RI 02852
TITLE	VD	4.1 TITLE	T ☐ Change ☒ Addition
NAME	NYMAN, K J	4.2 NAME	Johnson, Keith N.
STREET ADDRESS	46 MELODY LANE	4.3 STREET ADDRESS	547 Woonsocket Hill Rd.
CITY-ST-ZIP	CUMBERLAND RI	4.4 CITY-ST-ZIP	No. Smithfield, RI 02896
TITLE	AT	5.1 TITLE	☐ Change ☐ Addition
NAME	BRANCH, EARL H.	5.2 NAME	
STREET ADDRESS	76 WILLIAMS CROSSING RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREENE RI	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Keith N. Johnson 1/23/95 (401) 438-3410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Keith N. Johnson

0403052 FN