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 APR 18 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 839556 (8)

1. Corporation Name

TESINC, INC.

(Incorporated in Arizona)

Principal Place of Business	Mailing Address
6523 NO BLACK CANYON HWY STE 200 PHOENIX AZ 85015 US	6523 NO BLACK CANYON HWY STE 200 PHOENIX AZ 85015 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1977
3a. Date of Last Report: 03/02/1994

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: 86-0223588 ☐ 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 estimated 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 _____ (Signature, Type or Printed Name of Registered Agent and Title if Applicable) (If CT Registered Agent Signature required above, not necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☑ Addition
NAME	SCHNEE, JOHN J	12 NAME	
STREET ADDRESS	6523 NO BLACK CANYON HWY, STE 200	13 STREET ADDRESS	
CITY ST ZIP	PHOENIX AZ	14 CITY ST ZIP	85015
TITLE	S	21 TITLE	☐ Change ☑ Addition
NAME	FRAZIER, PATRICIA B	22 NAME	
STREET ADDRESS	450 AUSTRALIAN AVE SO, STE 860	23 STREET ADDRESS	
CITY ST ZIP	W PALM BCH FL	24 CITY ST ZIP	33401
TITLE	D	31 TITLE	☐ Change ☑ Addition
NAME	ADAMS, LOUIS W JR	32 NAME	
STREET ADDRESS	3108 VISTAMAR STR #7	33 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	34 CITY ST ZIP	33304
TITLE	DV	41 TITLE	☐ Change ☑ Addition
NAME	PLEDGER, THOMAS R.	42 NAME	
STREET ADDRESS	450 AUSTRALIAN AVE SO, STE 860	43 STREET ADDRESS	
CITY ST ZIP	W PALM BCH FL	44 CITY ST ZIP	33401
TITLE	T	51 TITLE	☐ Change ☑ Addition
NAME	BETLACH, DOUGLAS J	52 NAME	
STREET ADDRESS	450 AUSTRALIAN AVE SO, STE 860	53 STREET ADDRESS	
CITY ST ZIP	W PALM BCH FL	54 CITY ST ZIP	33401
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 added by this amendment with an address.

SIGNATURE: Patricia B. Frazier Secretary
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Patricia B. Frazier — 1/16/95 (Date) — 407 659-6301 (Telephone Number)

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