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

DOCUMENT # **846400** **(0)**

1. Corporate Name

E.I.L. INSTRUMENTS, INC.

Principal Place of Business	Mailing Address
10946A GOLDEN WEST DR HUNT VALLEY MD 21031	10946A GOLDEN WEST DR HUNT VALLEY MD 21031

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/01/1980**	3a. Date of Last Report: **04/19/1994**
4. FEI Number: **52-0905723**	☐ 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	

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 24 / Country 25	Zip 29 / Country 30

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 of New Registered Agent, if changed) (Name of New Registered Agent, if changed, typed or printed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	DICAMILLO, GARY	12 NAME	
STREET ADDRESS	10946-A GOLDEN W. DR.	13 STREET ADDRESS	
CITY-ST-ZIP	HUNT VALLEY MD	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MCMILLAN, TIMOTHY	22 NAME	
STREET ADDRESS	10946A GOLDEN W. DR.	23 STREET ADDRESS	
CITY-ST-ZIP	HUNT VALLEY MD	24 CITY-ST-ZIP	
TITLE	C	31 TITLE	☐ Change ☐ Addition
NAME	RICE, HALLIE P.	32 NAME	
STREET ADDRESS	316 TREE TOPS RD.	33 STREET ADDRESS	
CITY-ST-ZIP	PASADENA MD	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	WOODSIDE, SAMUEL T.	42 NAME	
STREET ADDRESS	5815 MEADOWOOD RD.	43 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	44 CITY-ST-ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	HESSEY, MAHLON W.	52 NAME	
STREET ADDRESS	13 S. CHAPEL RIDGE RD.	53 STREET ADDRESS	
CITY-ST-ZIP	TIMONIUM MD	54 CITY-ST-ZIP	
TITLE	VPF	61 TITLE	☐ Change ☐ Addition
NAME	VAILE, ERNEST J	62 NAME	
STREET ADDRESS	208 N TYRONE	63 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	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 on an attachment with an address.

SIGNATURE: [signature] 5/31/95 (410) 584-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0367332 FP

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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STATE

DOCUMENT # **849420** **(5)**

1. Corporation Name

B.& B. MOTOR AND CONTROL CORPORATION

Principal Place of Business	Mailing Address
39-40 CRESCENT ST. LONG ISLAND NY 11101	39-40 CRESCENT ST. LONG ISLAND NY 11101

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/12/1981**
3a. Date of Last Report: **06/24/1994**

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

4. FEI Number: **13-1920960** ☐ 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

LYBROOK, RICHARD R
1255 BOLLE AVE.
SUITE 125
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name: PAUL A BERSON
82 Street Address (P.O. Box Number is Not Acceptable): 1255 BELLE AVE SUITE 125
83
84 City: WINTER SPRINGS FL 85 Zip Code: 32708

11. Pursuant to the provisions of Sections 607.0505 and 607.150(1), 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: Selma Berson — Paul A Berson — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BERSON, PAUL A.	12 NAME	
STREET ADDRESS	5235 NETHERLAND AVENUE	13 STREET ADDRESS	
CITY ST ZIP	BRONX NY 10471	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	BERSON, SELMA	22 NAME	
STREET ADDRESS	5235 NETHERLAND AVENUE	23 STREET ADDRESS	
CITY ST ZIP	BRONX NY 10471	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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SIGNATURE: Joel Shapiro — JOEL SHAPIRO CONTROLLER — 3/1/95 — (718) 784-1313
SIGNATURE AND TYPED OR PRINTED NAME OF DIRIGO OFFICER OR DIRECTOR — (Date) — (Telephone Number)

04/28/10 FP

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1995

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

FILED

DOCUMENT # **854070** **(0)**

1. Corporate Name
EVERGREEN INTERNATIONAL AIRLINES, INC.

Principal Place of Business
3850 THREE MILE LANE
ATTN: TAX DEPARTMENT
MCMINNVILLE OR 97128

Mailing Address
3850 THREE MILE LANE
ATTN: TAX DEPARTMENT
MCMINNVILLE OR 97128

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/15/1982**
3a. Date of Last Report: **07/21/1994**

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

4. FEI Number: **81-0357870** ☐ 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	CD	11 TITLE	☐ Change ☐ Addition
02 NAME	SMITH, DELFORD M	12 NAME	
03 STREET ADDRESS	3850 THREE MILE LANE	13 STREET ADDRESS	
04 CITY ST ZIP	MCMINNVILLE OR	14 CITY ST ZIP	
01 TITLE	P	21 TITLE	☐ Change ☐ Addition
02 NAME	LANE, LARRY K.	22 NAME	
03 STREET ADDRESS	3850 THREE MILE LANE	23 STREET ADDRESS	
04 CITY ST ZIP	MCMINNVILLE OR	24 CITY ST ZIP	
01 TITLE	S	31 TITLE	☐ Change ☐ Addition
02 NAME	ALBUS, GLENN	32 NAME	
03 STREET ADDRESS	3850 THREE MILE LANE	33 STREET ADDRESS	
04 CITY ST ZIP	MCMINNVILLE OR	34 CITY ST ZIP	
01 TITLE	D	41 TITLE	☐ Change ☐ Addition
02 NAME	LANE, RONALD A.	42 NAME	
03 STREET ADDRESS	3850 THREE MILE LANE	43 STREET ADDRESS	
04 CITY ST ZIP	MCMINNVILLE OR	44 CITY ST ZIP	
01 TITLE	T	51 TITLE	☐ Change ☐ Addition
02 NAME	CANTRELL, BOB I.	52 NAME	
03 STREET ADDRESS	3850 THREE MILE LANE	53 STREET ADDRESS	
04 CITY ST ZIP	MCMINNVILLE OR	54 CITY ST ZIP	
01 TITLE	V	61 TITLE	☐ Change ☐ Addition
02 NAME	HENRY, ELSIE M.	62 NAME	
03 STREET ADDRESS	3850 THREE MILE LANE	63 STREET ADDRESS	
04 CITY ST ZIP	MC MINNVILLE OR	64 CITY ST ZIP	

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SIGNATURE: 5/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Glenn L. Albus, Secretary

0482144 FN