SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED Aug 07 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # 851779 MAIL BOXES ETC. USA, INC. Mailing Address Principal Place of Business **8080 CORNERSTONE COURT WEST** 6060 CORNERSTONE COURT WEST SAN DIEGO CA 92121-3795 SAN DIEGO CA 92121-3795 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 02/05/1982 03/20/1996 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 95-3581095 Not Applicable **\$8.75** Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 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 signature required when reinstating) Signature, typed or printed name of registered agont and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE DOOLING, MICHAEL NAME 1.2 NAME Harry Casari 427 SOUTH MARENGO AVE. 1.3 STREET ADDRESS STREET ADDRESS 1963 Hacienda Cirele El Cajon, CA 92020 PASADENA CA 91101 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 21 TITLE TITLE DESIO, ANTHONY W 2.2 NAME James H. Amos, Jr. **6060 CORNERSTONE COURT WEST** 23 STREET ADDRESS STREET ADDRESS 6060 Cornerstone Court West San Diego, CA 92121 Change SAN DIEGO CA 92121-3795 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE KELLY. JAMES F 3.2 NAME NAME 1020 19TH STREET NW SUITE 800 3.3 STREET ADDRESS STREET ADDRESS WASHINGTON DC 20036 3.4. CITY - ST - ZIF CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE DESIO, ROBERT J NAME 4, 2 NAME 6060 CORNERSTONE COURT WEST 4.3 STREET ADDRESS STREET ADDRESS SAN DIEGO CA 92121-3795 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE **5.1 TITLE** LAMARCHE, DANIEL L 5.2 NAME NAME 8447 MIRAMAR MALL, SUITE A STREET ADDRESS 5.3 STREET ADDRESS SAN DIEGO CA 92121 CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE

14. I do hereby certify that the information supplied with this filing 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

JOEL ROSSMAN

ATLANTA GA

55 GLENLAKE PARKWAY, NE