

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **851965** (4)

1. Corporation Name

THE ANACONDA COMPANY

600001481066

-05/09/95--01094--020

***200.00 ***200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1209 ORANGE STREET WILMINGTON DE 19001		Mailing Address 1209 ORANGE STREET WILMINGTON DE 19001	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country
3. Date Incorporated or Qualified 02/25/1982		3a. Date of Last Report 04/22/1994	
4. FEI Number 13-2895858		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
85	Zip Code

FL

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 (print or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1.1 TITLE	☐ Change ☐ Addition
NAME	HORNE, A. M.	1.2 NAME	
STREET ADDRESS	1209 ORANGE STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	WILMINGTON DE	1.4 CITY - ST - ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	FERRUCCI, M. A.	2.2 NAME	
STREET ADDRESS	1209 ORANGE STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	WILMINGTON DE	2.4 CITY - ST - ZIP	
TITLE	VAS	3.1 TITLE	☐ Change ☐ Addition
NAME	DENNY, C. M.	3.2 NAME	
STREET ADDRESS	1209 ORANGE STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	WILMINGTON DE	3.4 CITY - ST - ZIP	
TITLE	SVD	4.1 TITLE	☐ Change ☐ Addition
NAME	LUTTHANS, K. E.	4.2 NAME	
STREET ADDRESS	1209 ORANGE STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	WILMINGTON DE	4.4 CITY - ST - ZIP	
TITLE	VAS	5.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, M. L.	5.2 NAME	
STREET ADDRESS	1209 ORANGE STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	WILMINGTON DE	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	

Handwritten signature
5/6/95

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 110.07(3)(b), 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:

Handwritten signature: M. A. Ferrucci

M. A. FERRUCCI 4/24/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR