FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 853243 (4)

1. Corporation Name
ARCO COMFORT PRODUCTS CO.

Principal Place of Business
515 S FOWLER ST APT 4819
LOS ANGELES CA 90071

Mailing Address
515 S FOWLER ST APT 4819
LOS ANGELES CA 90071

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 06/22/1982
3a. Date of Last Report: 04/26/1995
4. FEI Number: 95-3480619 ☐ 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	AS	☐ DELETE
NAME	HINDS, BARBARA M	
STREET ADDRESS	515 S. FLOWER STREET	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	DP	☐ DELETE
NAME	COFFEE, JAMES R.	
STREET ADDRESS	515 S. FLOWER ST.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	VSD	☐ DELETE
NAME	KINGSBURY, KATHLEEN A	
STREET ADDRESS	515 S. FLOWER ST.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	DV	☐ DELETE
NAME	LUCAS, JOHN R. J	
STREET ADDRESS	515 S. FLOWER ST.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	T	☐ DELETE
NAME	RECCHUITE, MARTIN C.	
STREET ADDRESS	515 S. FLOWER ST.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	AT	☐ DELETE
NAME	COOLEY, CHARLES P.	
STREET ADDRESS	515 S. FLOWER ST.	
CITY-ST-ZIP	LOS ANGELES CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TREASURER	☒ Change ☐ Addition
5.2 NAME	GEORGE S. DAVIS	
5.3 STREET ADDRESS	515 S FLOWER ST	
5.4 CITY-ST-ZIP	LOS ANGELES CA 90071	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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)(k), 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] BARBARA M. HINDS 2/16/96 (213) 486-1443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/26/96