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FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 515 S. FLOWER ST.

Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address
26 515 S. FLOWER ST.

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/22/1982

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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
NAME BARTOLETTI, BARBARA M
STREET ADDRESS 515 S. FLOWER STREET
CITY-ST-ZIP LOS ANGELES CA ☐ DELETE

TITLE DP
NAME COFFEE, JAMES R.
STREET ADDRESS 515 S. FLOWER ST.
CITY-ST-ZIP LOS ANGELES CA ☒ DELETE

TITLE VSD
NAME KINGSBURY, KATHLEEN A
STREET ADDRESS 515 S. FLOWER ST.
CITY-ST-ZIP LOS ANGELES CA ☒ DELETE

TITLE DV
NAME LUCAS, JOHN R. J
STREET ADDRESS 515 S. FLOWER ST.
CITY-ST-ZIP LOS ANGELES CA ☐ DELETE

TITLE Y
NAME DAVIS, GEORGE S
STREET ADDRESS 515 S. FLOWER ST.
CITY-ST-ZIP LOS ANGELES CA ☒ DELETE

TITLE AT
NAME COOLEY, CHARLES P.
STREET ADDRESS 515 S. FLOWER ST.
CITY-ST-ZIP LOS ANGELES CA ☐ DELETE

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 DV ☒ Change ☐ Addition
2.2 NAME WARD, DIANA A.
2.3 STREET ADDRESS 515 S. FLOWER ST.
2.4 CITY-ST-ZIP LOS ANGELES CA 90071

3.1 TITLE VSD ☒ Change ☐ Addition
3.2 NAME FRIEDMAN, MARK J.
3.3 STREET ADDRESS 515 S. FLOWER ST.
3.4 CITY-ST-ZIP LOS ANGELES CA 90071

4.1 TITLE DP ☒ Change ☐ Addition
4.2 NAME LUCAS, JOHN R. JR.
4.3 STREET ADDRESS 515 S. FLOWER ST.
4.4 CITY-ST-ZIP LOS ANGELES CA 90071

5.1 TITLE AT ☒ Change ☐ Addition
5.2 NAME LOWE, CATHEY S.
5.3 STREET ADDRESS 515 S. FLOWER ST.
5.4 CITY-ST-ZIP LOS ANGELES CA 90071

6.1 TITLE T ☒ Change ☐ Addition
6.2 NAME COOLEY, CHARLES P.
6.3 STREET ADDRESS 515 S. FLOWER ST.
6.4 CITY-ST-ZIP LOS ANGELES CA 90071

14. I 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, on an attachment with an address.

BARBARA M.

6/15/98

(212) 486-1443

CR2E034 (10/97)