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

APPROVED AND FILED
95 MAY -1 PM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **855488** **(3)**

1. Corporation Name
DRYVIT SYSTEMS, INC.

Principal Place of Business	Mailing Address
ONE ENERGY WAY WEST WARWICK RI 02893	ONE ENERGY WAY WEST WARWICK RI 02893

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/09/1983
3a. Date of Last Report: 04/08/1994

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: 05-0342070 ☐ 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

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No PAID 3/30/95 WITH RETURN

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
IGOE, JOHN G 250 ROYAL PALM WAY PALM BEACH 33480	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☐ Change ☐ Addition
NAME	NOTA, KENNETH J.	12 NAME	
STREET ADDRESS	ONE ENERGY WAY	13 STREET ADDRESS	
CITY-ST-ZIP	W WARWICK RI	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	HILL, PAUL H.	22 NAME	
STREET ADDRESS	ONE ENERGY WAY	23 STREET ADDRESS	
CITY-ST-ZIP	W. WARWICK RI	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	TAMBURRINI, VINCENT	32 NAME	
STREET ADDRESS	ONE ENERGY WAY	33 STREET ADDRESS	
CITY-ST-ZIP	W. WARWICK RI	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MCNULTY, GERALDINE	42 NAME	
STREET ADDRESS	STE 1550 ONE TURKS HEAD	43 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	44 CITY-ST-ZIP	
TITLE	VTD	51 TITLE	☐ Change ☐ Addition
NAME	DALLMAN, DENNIS M.	52 NAME	
STREET ADDRESS	ONE ENERGY WAY	53 STREET ADDRESS	
CITY-ST-ZIP	W. WARWICK RI	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	VANDENBERG, ROGER	62 NAME	
STREET ADDRESS	SUITE 1550 ONE TURKS HEA	63 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	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: Dennis M Dallman 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

047853 FP