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 16 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **856793** **(5)**

1. Corporation Name
CONFED ADMIN SERVICES, INC.

Principal Place of Business	Mailing Address
260 INTERSTATE NORTH (30339) ATLANTA GA 30348	PO BOX 105103 ATLANTA GA 30348

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/16/1983**
3a. Date of Last Report: **02/24/1994**

2. Principal Place of Business	2a. Mailing Address
21 8515 East Orchard Road	26 8515 East Orchard Road
Suite, Apt. #, etc. 22 7th Floor	Suite, Apt. #, etc. 27 7th Floor
City & State 23 Englewood, CO	City & State 28 Englewood, CO
Zip 24 80111 Country 25 USA	Zip 29 80111 Country 30 USA

4. FEI Number: **98-0013578** ☐ 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	ALLISON, WILLIAM A.	12 NAME	James D. Motz	
STREET ADDRESS	130 HEMMINGWOOD WAY	13 STREET ADDRESS	8505 East Orchard Road	
CITY-ST-ZIP	DUNWOODY GA	14 CITY ST ZIP	Englewood, CO 80111	
TITLE	VD	21 TITLE	T	☒ Change ☐ Addition
NAME	JACOBSEN, KENNETH R.	22 NAME	Glen R. Derback	
STREET ADDRESS	5291 BROOKE FARM DR.	23 STREET ADDRESS	8515 East Orchard Road	
CITY-ST-ZIP	DUNWOODY GA	24 CITY-ST-ZIP	Englewood, CO 80111	
TITLE	T	31 TITLE	S	☒ Change ☐ Addition
NAME	POWELL, GEORGE D.	32 NAME	Beverly A. Byrne	
STREET ADDRESS	3354 WEATHERTOP WAY	33 STREET ADDRESS	8515 East Orchard Road	
CITY-ST-ZIP	ROSWELL GA	34 CITY-ST-ZIP	Englewood, CO 80111	
TITLE	D	41 TITLE	V	☒ Change ☐ Addition
NAME	ROSENFELDER, MICHAEL	42 NAME	Martin Rosenbaum	
STREET ADDRESS	78 CHARLTON BLVD.	43 STREET ADDRESS	8505 East Orchard Road	
CITY-ST-ZIP	WILLOWDALE, ONT 00000	44 CITY-ST-ZIP	Englewood, CO 80111	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	SPRAGUE, STEPHEN P.	52 NAME	Robert E. Kavanagh	
STREET ADDRESS	3351 WEATHERTOP WAY	53 STREET ADDRESS	8505 East Orchard Road	
CITY-ST-ZIP	ROSEWELL GA	54 CITY-ST-ZIP	Englewood, CO 80111	
TITLE	S	61 TITLE	D	☒ Change ☐ Addition
NAME	MORRISON, JEFFREY E.	62 NAME	Alan D. MacLennan	
STREET ADDRESS	2749 ALLSBOROUGH CT.	63 STREET ADDRESS	8505 East Orchard Road	
CITY-ST-ZIP	TUCKER GA	64 CITY-ST-ZIP	Englewood, CO 80111	

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: _____ Glen R. Derback, Treasurer 5-11-95 (303) 689-4128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003408 CP