

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 858049

(0)

1. Corporation Name

NANMAC CORPORATION

Principal Place of Business

9-11 MAYHEW
FRAMINGHAM MA 01701

Mailing Address

9-11 MAYHEW
FRAMINGHAM MA 01701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/10/1983

3a. Date of Last Report

03/22/1994

2. Principal Place of Business

2b. Mailing Address

4. FEI Number

52-0729504

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

NANIGIAN, JACOB
526 SOUTH H ST.
LAKE WORTH FL 33460

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD
NAME	NANIGIAN, JACOB
STREET ADDRESS	622 SOUTH L ST.
CITY - ST - ZIP	LAKE WORTH FL
TITLE	VD
NAME	NANIGIAN, DANIEL
STREET ADDRESS	9-11 MAYHEW ST
CITY - ST - ZIP	FRAMINGHAM MA
TITLE	SD
NAME	TRANT, RACHEL
STREET ADDRESS	114 CENTRAL ST #2
CITY - ST - ZIP	HOLLISTON MA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		33460
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		01701
3.1 TITLE	STD	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		01746
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RACHEL TRANT

1/13/95 508-872-4811

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**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

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DOCUMENT # 858329

(6)

1. Corporation Name

SEVA CORPORATION (DELAWARE)

Principal Place of Business

**516 N. PENNSFIELD PALCE
SUITE 108
THOUSAND OAKS CA 91360
US**

Mailing Address

**P.O. BOX 1437
THOUSAND OAKS CA 91358
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/02/1983

3a. Date of Last Report

04/06/1994

4. FEI Number

58-1456221

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**EXECUCORP, INC.
11900 BISCAYNE BLVD
SUITE 200
MIAMI FL 33181**

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

Alicia Irene Margulies - Vice-President

3/15/95

Signature, typed or printed name of registered agent or officer

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

HOLLE, MARY

5921 DOVETAIL DR

AGOURA HILLS CA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

YINGLING, TERESA A

516 N. PENNSFIELD PLACE STE 108

THOUSAND OAKS CA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

JACOBS, ROBERT

1 CHASE MANHATTEN PLAZA

NEW YORK NY

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPTD

BALE, JOHN K.

516 N. PENNSFIELD PLACE STE 108

THOUSAND OAKS CA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Secretary

☒ Change ☐ Addition

Wendy Adler

516 N. Pennsfield Place, Suite 108

Thousand Oaks CA

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(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 attached report with an addendum.

SIGNATURE:

John K. Bale

John K. Bale, V. President

3/24/95

805-379-6777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE