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

FILED
95 MAY -1 AM 7:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000050(6)
F92000005672

1. Corporation Name
DOLPHIN HOLDING, INC. PENGUIN HOLDING, INC.
Formerly: Dolphin Holding, Inc. and Bedford Road, Inc.

200001482182
-05/10/95--01023--003
****200.00 ****200.00

Principal Place of Business	Mailing Address
231 SOUTH LASALLE STREET CORPORATE TAXES 231/408 CHICAGO IL 60697	231 SOUTH LASALLE STREET CORPORATE TAXES 231/408 CHICAGO IL 60697

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1992 01/19/94
3a. Date of Last Report: 04/23/1994 NEW
4. FEI Number: 510298198 36-3930848 — 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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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) ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SR VICE PRESIDENT	11 TITLE	Director & Chairwoman ☒ Change ☐ Addition
NAME	OBENSHAIN, WILLIAM A	12 NAME	Christine N. Garvey
STREET ADDRESS	231 SOUTH LASALLE ST.	13 STREET ADDRESS	560 Davis Street
CITY-ST-ZIP	CHICAGO, IL 60697	14 CITY-ST-ZIP	San Francisco, CA 94111
TITLE	D	21 TITLE	Director & President ☒ Change ☐ Addition
NAME	JACKSON, ALLEN S. JR.	22 NAME	Peter H. St. Clair
STREET ADDRESS	231 SOUTH LASALLE ST.	23 STREET ADDRESS	560 Davis Street
CITY-ST-ZIP	CHICAGO, IL 60697 DELETE	24 CITY-ST-ZIP	San Francisco, CA 94111
TITLE	D	31 TITLE	Director & Sr. Vice Pres. ☒ Change ☐ Addition
NAME	SCHNEIDER, REINHARD	32 NAME	Christopher McCrum
STREET ADDRESS	231 SOUTH LASALLE ST.	33 STREET ADDRESS	560 Davis Street
CITY-ST-ZIP	CHICAGO, IL 60697 DELETE	34 CITY-ST-ZIP	San Francisco, CA 94111
TITLE	VP	41 TITLE	Treasurer ☒ Change ☐ Addition
NAME	JOHNSON, STEPHEN W.	42 NAME	Sylvia H. Lee
STREET ADDRESS	231 SOUTH LASALLE ST.	43 STREET ADDRESS	315 Montgomery Street
CITY-ST-ZIP	CHICAGO, IL 60697 DELETE	44 CITY-ST-ZIP	San Francisco, CA 94137
TITLE	VP	51 TITLE	Secretary ☒ Change ☐ Addition
NAME	MATTSON, ROBERT L	52 NAME	Nina Tai
STREET ADDRESS	231 SOUTH LASALLE ST.	53 STREET ADDRESS	231 South LaSalle Street
CITY-ST-ZIP	CHICAGO, IL 60697 DELETE	54 CITY-ST-ZIP	Chicago, IL 60697
TITLE	VP	61 TITLE	Vice President ☒ Change ☐ Addition
NAME	WESSON, KAY A.	62 NAME	Conrad B. Andersen
STREET ADDRESS	231 SOUTH LASALLE ST.	63 STREET ADDRESS	450 B Street
CITY-ST-ZIP	CHICAGO, IL 60697 DELETE	64 CITY-ST-ZIP	San Diego, CA 92101

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: [signature] Nina Tai April 26, 1995 312/828-6491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0460130 FP