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 MAR 23 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000580 (2)

1. Corporation Name
THE FURST GROUP HEADQUARTERS, INC.

Principal Place of Business	Mailing Address
FURST COMMERCE CENTER 459 OAKSHADE ROAD VINCENTOWN NJ 08088	FURST COMMERCE CENTER 459 OAKSHADE ROAD VINCENTOWN NJ 08088

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/24/1992
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 22-3015385 ☐ 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

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 _____ 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	PVC	1.1 TITLE	☐ Change ☐ Addition
NAME	STREEP, JOHN S	1.2 NAME	
STREET ADDRESS	13 SHADOW LAKE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN MILLS NJ 08088	1.4 CITY-ST-ZIP	
TITLE	VC	2.1 TITLE	☐ Change ☐ Addition
NAME	KAYLOR, JAMES D	2.2 NAME	
STREET ADDRESS	3961 GRAND RIVER DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI 49505	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	BRINN, SUZANNE M	3.2 NAME	
STREET ADDRESS	113 NORTH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BLUE ANCHOR NJ 08037	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☒ Change ☐ Addition
NAME	PHIPPS, WAYNE C	4.2 NAME	
STREET ADDRESS	12 SUMMITT COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARLTON NJ 08053	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BOCKEL, JEFFREY L	5.2 NAME	
STREET ADDRESS	239 ST DAVID CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MT LAUREL NJ	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	LAKE, WILLIAM	6.2 NAME	No Longer a Director - Delete
STREET ADDRESS	29961 RUNNING DEER LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA NIGUEL CA 92677	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)(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: _____ 3/10/95 609-268-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04Z6A10 FP