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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:08

DOCUMENT # F93000000719 (5)

1. Corporation Name
NCAA HOLDINGS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 472 COUDERSPORT PA 16915	P.O. BOX 472 COUDERSPORT PA 16915

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/10/1993
3a. Date of Last Report: 02/16/1994

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: 25-1705210 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 familar 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	1.1 TITLE	☐ Change ☐ Addition
NAME	RIGAS, JOHN J	1.2 NAME	
STREET ADDRESS	5 WEST THIRD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	COUDERSPORT PA 16915	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	RIGAS, MICHAEL J	2.2 NAME	
STREET ADDRESS	5 WEST THIRD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	COUDERSPORT PA 16915	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	RIGAS, JAMES P	3.2 NAME	
STREET ADDRESS	5 WEST THIRD STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	COUDERSPORT PA 16915	3.4 CITY-ST-ZIP	
TITLE	VTD	4.1 TITLE	☐ Change ☐ Addition
NAME	RIGAS, TIMOTHY P	4.2 NAME	
STREET ADDRESS	5 WEST THIRD STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	COUDERSPORT PA 16915	4.4 CITY-ST-ZIP	
TITLE	VSD	5.1 TITLE	☐ Change ☐ Addition
NAME	MILLIARD, DANIEL R	5.2 NAME	
STREET ADDRESS	5 WEST THIRD STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	COUDERSPORT PA 16915	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	VP/AS ☒ Change ☐ Addition
NAME	FISHER, RANDALL D	6.2 NAME	Fisher, Randall D
STREET ADDRESS	5 WEST THIRD STREET	6.3 STREET ADDRESS	5 West Third Street
CITY-ST-ZIP	COUDERSPORT PA 16915	6.4 CITY-ST-ZIP	Coudersport PA 16915

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: Randall D. Fisher Randall D. Fisher 2/7/95 (814)274-9830
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0474110 PP