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 JAN 31 AM 8:42

DOCUMENT # F93000001582 (6)

1. Corporation Name
RENOUF ASSET MANAGEMENT, INC.

Principal Place of Business	Mailing Address
212 31ST ST. MANHATTAN BEACH CA 90266	P.O. BOX 911 MONTCHANIN DE 19710 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/22/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 3019 Bayview Drive
Suite, Apt. #, etc.
22 Apt A
City & State
23 Manhattan Beach CA
Zip 24 90266 Country 25 U.S.A.

2a. Mailing Address
26 P.O. Box 911
Suite, Apt. #, etc.
27
City & State
28 Montchanin DE
Zip 29 19710 Country 30 U.S.A.

4. FEI Number: 95-4137723 ☐ 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

DRAGE, THOMAS B JR ESQ
DRAGE DEBEAUBIEN KNIGHT & SIMMONS
120 S. ORANGE AVENUE
ORLANDO FL 32802-0087

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	D	1.1 TITLE	☒ Change ☐ Addition
NAME	O'NEILL, NICHOLAS E	1.2 NAME	
STREET ADDRESS	ROUTE 100 & ROCKLAND RD.	1.3 STREET ADDRESS	Route 100 & Rockland Road, Montchanin
CITY-ST-ZIP	MONTCHANIN DE 19710	1.4 CITY-ST-ZIP	Mills Bldg Suite A Montchanin DE 19710
TITLE	SPT	2.1 TITLE	☒ Change ☐ Addition
NAME	ABRAMSON, MARK E	2.2 NAME	
STREET ADDRESS	212 31ST ST.	2.3 STREET ADDRESS	3019 Bayview Drive Apt. A
CITY-ST-ZIP	MANHATTAN BEACH CA 90266	2.4 CITY-ST-ZIP	Manhattan Beach CA 90266
TITLE	D	3.1 TITLE	Director ☒ Change ☐ Addition
NAME	LAPWORTH, MORRAY	3.2 NAME	Tur Burren
STREET ADDRESS	LEVE 4, ICI HOUSE #7 NUGENT ST.	3.3 STREET ADDRESS	Level 9 Sequent House 8-10 whitaker House
CITY-ST-ZIP	AUCKLAND, NEW ZEALAND	3.4 CITY-ST-ZIP	Auckland New Zealand
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Nicholas O'Neill 1/16/95 302-656-6632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0405606 FN