FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F93000001582 (6)**

1. Corporation Name

RENOUF ASSET MANAGEMENT, INC.

Principal Place of Business

3019 BAYVIEW DRIVE
APT. A
MANHATTAN BEACH CA 90266
US

Mailing Address

P.O. BOX 911
MOUNTCHANIN DE 19710
US

3. Date Incorporated or Qualified: **03/22/1993**

3a. Date of Last Report: **01/31/1995**

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: **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 607.1505, 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 (Typed or Printed Name of Registered Agent) — (If Registered Agent is a corporation, signature must be officer or director) — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	O'NEILL, NICHOLAS E	
STREET ADDRESS	ROUTE 100 & ROCKLAND RD.	
CITY-ST-ZIP	MONTCHANIN DE 19710	
TITLE	SPT	☐ DELETE
NAME	ABRAMSON, MARK E	
STREET ADDRESS	~~212 31ST ST~~.	
CITY-ST-ZIP	MANHATTAN BEACH CA 90266	
TITLE	D	☐ DELETE
NAME	~~LAPWORTH, MORRAY~~	
STREET ADDRESS	LEVE 4, ICI HOUSE #7 NUGENT ST.	
CITY-ST-ZIP	AUCKLAND, NEW ZEALAND	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	3019 BAYVIEW DRIVE	
2.4 CITY-ST-ZIP		
3.1 TITLE		☑ Change ☐ Addition
3.2 NAME	TUR BORREN	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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: N.E. O'NEILL — 4/24/96 — 302-656 6632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)