

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F93000005103 (7)

1. Corporation Name

DCI COMMUNITIES, INC.

Principal Place of Business

**311 S. KAUTZ ROAD
 ST. CHARLES IL 60174**

Mailing Address

**311 S. KAUTZ ROAD
 ST. CHARLES IL 60174**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		11/12/1993	03/01/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		36-3913865	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		☐	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	☐	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

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

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) (Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDV	1.1 TITLE	VD
NAME	MCARDLE, EDWARD J	1.2 NAME	McArdle, Edward J.
STREET ADDRESS	5101 CAROLINE	1.3 STREET ADDRESS	5101 Caroline
CITY, ST, ZIP	HOUSTON TX	1.4 CITY, ST, ZIP	Houston, Texas 77004
TITLE	DSVC	2.1 TITLE	SD
NAME	KELLY, THOMAS J	2.2 NAME	Kelly, Thomas J.
STREET ADDRESS	311 S. KAUTZ ROAD	2.3 STREET ADDRESS	311 Kautz Rd.
CITY, ST, ZIP	ST. CHARLES IL 60174	2.4 CITY, ST, ZIP	St. Charles, Illinois 60174
TITLE	PD	3.1 TITLE	
NAME	MCARDLE, DAVID	3.2 NAME	
STREET ADDRESS	311 S. KAUTZ ROAD	3.3 STREET ADDRESS	
CITY, ST, ZIP	ST. CHARLES IL 60174	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	
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 110.07(3)(b), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

6-6-95

813-992-5529