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 # **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

3. Date Incorporated or Qualified: **11/12/1993**
3a. Date of Last Report: **06/14/1995**

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: **36-3913865** ☐ 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature (optional) Print Name of Registered Agent or Title of Officer — NOTE: Registered Agent Signature required when resigning — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MCARDLE, EDWARD J	1.2 NAME	
STREET ADDRESS	5101 CAROLINE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KELLY, THOMAS J	2.2 NAME	
STREET ADDRESS	311 S. KAUTZ ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CHARLES IL	2.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
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	☐ DELETE	4.1 TITLE	V ☐ Change ☒ Addition
NAME		4.2 NAME	RICHARD B. KEPLEY
STREET ADDRESS		4.3 STREET ADDRESS	28000 SPANISH WELLS BLVD.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33923
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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: _____ Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Kelly — Date: 1/16/96 — Daytime Phone #: 708/584-6580
Secretary

CR2E034 (12/95)