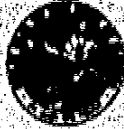


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 2:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F93000005499 (9)

1. Corporation Name

CLAYTON HOLDINGS, INC.

Principal Place of Business

Mailing Address

**9501 HWY 92 EAST
TAMPA FL 33610**

**9501 HWY 92 EAST
TAMPA FL 33610**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/03/1993

3a. Date of Last Report

04/27/1994

4. FEI Number

04-3021921

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**WILLIAMS, JAMES C JR
9501 HWY 92 EAST
TAMPA FL 33610**

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 607.1506, 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.

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	KANG, JOHN
STREET ADDRESS	9501 HWY 92 EAST
CITY - ST - ZIP	TAMPA FL 33610
TITLE	PD
NAME	TOMPKINS, WILLIAM D
STREET ADDRESS	9501 HWY 92 EAST
CITY - ST - ZIP	TAMPA FL 33610
TITLE	D
NAME	CHITAYAT, JACK
STREET ADDRESS	150 W. 56TH ST.
CITY - ST - ZIP	NEW YORK NY 10019
TITLE	D
NAME	SALAS, RICARDO A
STREET ADDRESS	9501 HWY 92 EAST
CITY - ST - ZIP	TAMPA FL 33610
TITLE	TS
NAME	WILLIAMS, JAMES C.
STREET ADDRESS	9501 HWY 92 E
CITY - ST - ZIP	TAMPA FL
TITLE	
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	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
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 110.07(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 will 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

James C. Williams Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES C. WILLIAMS JR

4/7/95
Date

813-626-7786
Telephone Number