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 # **F94000000356 (5)**

1. Corporation Name
INSULCON COMPANY, INC.

Principal Place of Business
11414 SMITH DRIVE
UNIT D
HUNTLEY IL 60142
US

Mailing Address
P.O. BOX 836
HUNTLEY IL 60142

3. Date Incorporated or Qualified: 01/25/1994
3a. Date of Last Report: 02/06/1995

4. FEI Number: 36-3021146 — Applied For / Not Applicable

2. Principal Place of Business
21 10500 University Ctr Dr
Suite, Apt. #, etc.
22 Suite 155
City & State
23 Tampa, FL
Zip 24 33612
Country 25 Hillsborough

2a. Mailing Address
26 10500 University Ctr Dr
Suite, Apt. #, etc.
27 Suite 155
City & State
28 Tampa, FL
Zip 29 33612
Country 30 Hillsborough

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
GETZ, MICHAEL J
15310 AMBERLY DR.
SUITE 250
TAMPA FL 33647

10. Name and Address of New Registered Agent
81 Name: Michael J. Getz
82 Street Address (P.O. Box Number is Not Acceptable): 10500 University Center Dr #155
83
84 City: Tampa FL 85 Zip Code: 33612

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 of Registered Agent — Michael J. Getz, VP (Print Registered Agent's Name and Title) — 3/15/96 (Date)

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	MILLER, JAMES W	
STREET ADDRESS	121 RAINBOW DR.	
CITY-ST-ZIP	SLEEPY HOLLOW IL 60142	
TITLE	V	☐ DELETE
NAME	GETZ, MICHAEL J	
STREET ADDRESS	1324 WINDSOR WAY	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	SD	☐ DELETE
NAME	MILLER, MARTHA S	
STREET ADDRESS	121 RAINBOW DR.	
CITY-ST-ZIP	SLEEPY HOLLOW IL 60118	
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	17811 Hickory Moss Place	
2.4 CITY-ST-ZIP	Tampa, FL 33647	
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		

CR2E034 (12/95)

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 is added in Block 13 per instructions with an address.

SIGNATURE: Michael J. Getz, VP — 3/15/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date