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 # F94000000551 (1)

1. Corporation Name
THORO SYSTEM PRODUCTS, INC.

Principal Place of Business
8570 PHILLIPS HWY
STE 101
JACKSONVILLE FL 32256-8208
US

Mailing Address
8570 PHILLIPS HWY
STE 101
JACKSONVILLE F 32256-8208
US

3. Date Incorporated or Qualified: 02/04/1994
3a. Date of Last Report: 07/25/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 8300 College Blvd
Suite, Apt. #, etc.
27 Attn: Tax Dept.
City & State
28 Overland Park, KS
Zip 29 66210 Country 30 USA

4. FEI Number: 13-3750190 ☐ 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
C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO	☒ DELETE	1.1 TITLE	Vice Pres & Chief Financial Officer ☐ Change ☒ Addition
NAME	HARRIS, D. GEORGE		1.2 NAME	Emanuel J. Di Teresi
STREET ADDRESS	399 PARK AVE.		1.3 STREET ADDRESS	399 Park Ave. 32nd Floor
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP	New York, NY 10022
TITLE	VPT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NICK, RICHARD J		2.2 NAME	
STREET ADDRESS	399 PARK AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	
TITLE	VPS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KILPATRICK, DONALD G		3.2 NAME	
STREET ADDRESS	399 PARK AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP	
TITLE	VPAS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DONAHUE, RICHARD J		4.2 NAME	
STREET ADDRESS	399 PARK AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	
TITLE	VC	☒ DELETE	5.1 TITLE	Vice President & Controller ☐ Change ☒ Addition
NAME	PETROCELLI, ANTHONY J		5.2 NAME	Robert M. Lester
STREET ADDRESS	399 PARK AVE		5.3 STREET ADDRESS	8570 Phillips Hwy, Ste #101
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	PCOO	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WOITZ, ARTHUR C		6.2 NAME	
STREET ADDRESS	8570 PHILLIPS HWY STE 101		6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		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: [signature] Philip M Burright 4/15/96 (913) 344-9266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)