FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 6:27

DOCUMENT # **F94000000902 (6)**

1. Corporation Name
MELLES GRIOT, INC.

Principal Place of Business	Mailing Address
10 CORPORATE PARK, #100 IRVINE CA 92714	10 CORPORATE PARK, #100 IRVINE CA 92714

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/23/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	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: 33-0011520 ☐ 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	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	11 TITLE	P/D	☒ Change ☐ Addition
NAME	KENRICK, PAUL	12 NAME	Alan Gresty	
STREET ADDRESS	10 CORPORATE PARK, #100	13 STREET ADDRESS	10 Corporate Park, Suite 100	
CITY-ST-ZIP	IRVINE CA	14 CITY-ST-ZIP	Irvine, CA 92714	
TITLE	VSD	21 TITLE	C/D	☒ Change ☐ Addition
NAME	CASE, LARRY D	22 NAME	John Galpin	
STREET ADDRESS	10 CORPORATE PARK, #100	23 STREET ADDRESS	10 Corporate Park, Suite 100	
CITY-ST-ZIP	IRVINE CA	24 CITY-ST-ZIP	Irvine, CA 92714	
TITLE	VD	31 TITLE	S/D	☒ Change ☐ Addition
NAME	WHEELER, JOHN P	32 NAME	Eugene Smith	
STREET ADDRESS	10 CORPORATE PARK, #100	33 STREET ADDRESS	10 Corporate Park, Suite 100	
CITY-ST-ZIP	IRVINE CA	34 CITY-ST-ZIP	Irvine, CA 92714	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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: Eugene Smith EUGENE SMITH 1/24/95 @ 714-262-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040253 FP