SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 20 AM 9:22

DOCUMENT # F94000000932 (3)

1. Corporation Name
AMF REECE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 15778 RICHMOND VA 23227	P.O. BOX 15778 RICHMOND VA 23227

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1994
3a. Date of Last Report: N/A
4. FEI Number: 54-1529599 — 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	2a. Mailing Address
21 8080 AMF DRIVE	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MECHANICSVILLE, VA	City & State 28
Zip 24 23111 Country 25 HANOVER	Zip 29 Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
8751 W. BROWARD BLVD.
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	PD	11 TITLE	P/D	☒ Change ☐ Addition
NAME	WHITE, R. DOUGLAS	12 NAME	JOHN SHODARSH	
STREET ADDRESS	8400 AMF DR.	13 STREET ADDRESS	10 64B CLIFFMORE DRIVE	
CITY ST ZIP	MECHANICSVILLE VA 23111	14 CITY ST ZIP	GLEN ALLEN, VA 23060	
TITLE	VS	21 TITLE		☐ Change ☐ Addition
NAME	MCCORMACK, DANIEL M	22 NAME		
STREET ADDRESS	901 E. CARY ST.	23 STREET ADDRESS		
CITY ST ZIP	RICHMOND VA 23219	24 CITY ST ZIP		
TITLE	AS	31 TITLE		☐ Change ☐ Addition
NAME	TOY, CHERYLE K	32 NAME		
STREET ADDRESS	901 E. CARY ST.	33 STREET ADDRESS		
CITY ST ZIP	RICHMOND VA 23219	34 CITY ST ZIP		
TITLE	T	41 TITLE	T (CHIEF FINANCIAL OFFICER)	☒ Change ☐ Addition
NAME	LABOTT, JOHN	42 NAME	GERRY M. POWELL	
STREET ADDRESS	8400 AMF DR.	43 STREET ADDRESS	P.O. BOX 336	
CITY ST ZIP	MECHANICSVILLE VA 23111	44 CITY ST ZIP	MATTAPONI, VA 23110	
TITLE	D	51 TITLE	AS	☐ Change ☒ Addition
NAME	KNISELY, PHILIP W	52 NAME	ALAN SMITH	
STREET ADDRESS	8800 AMF DR.	53 STREET ADDRESS	CLAYTON WOODS W. PARK RING RD.	
CITY ST ZIP	MECHANICSVILLE VA 23111	54 CITY ST ZIP	LEEDS, ENGLAND LS16 5QQ	
TITLE		61 TITLE	V	☐ Change ☒ Addition
NAME		62 NAME	PAUL BROOKE	
STREET ADDRESS		63 STREET ADDRESS	CLAYTON WOODS W. PARK RING RD	
CITY ST ZIP		64 CITY ST ZIP	LEEDS, ENGLAND LS16 5QQ	

CR2E034 (3/95)

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 on an attachment with an address.

SIGNATURE: ✓ Gerry M. Powell — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GERRY M. POWELL

Date: 6/12/95 Daytime Phone #: 804-559-0000

0170767 FN