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

APPROVED AND FILED
95 APR 19 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000976 (0)

1. Corporation Name
SIX ASSOCIATES, INC.

Principal Place of Business
1085 HENDERSONVILLE RD.
ASHVILLE NC 28803-1801

Mailing Address
1085 HENDERSONVILLE RD.
ASHVILLE NC 28803-1801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (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: 56-0399359 — 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
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., #105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
61 Name
62 Street Address (P.O. Box Number Is Not Acceptable)
63
64 City FL 65 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 resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	DC ☒ Change ☐ Addition
NAME	GENHEIMER, J E	1.2 NAME	Page, James W.
STREET ADDRESS	3290 W. BIG BEAVER RD.	1.3 STREET ADDRESS	3290 W. Big Beaver Rd.
CITY-ST-ZIP	TROY MI 48084	1.4 CITY-ST-ZIP	Troy MI 48084
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	BROCKMAN, DONALD C	2.2 NAME	
STREET ADDRESS	3290 W. BIG BEAVER RD.	2.3 STREET ADDRESS	Same
CITY-ST-ZIP	TROY MI 48084	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, DOUGLAS R	3.2 NAME	
STREET ADDRESS	3290 W. BIG BEAVER RD.	3.3. STREET ADDRESS	Same
CITY-ST-ZIP	TROY MI 48084	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	TURNER, ROBERT E	4.2 NAME	
STREET ADDRESS	3290 W. BIG BEAVER RD.	4.3 STREET ADDRESS	Same
CITY-ST-ZIP	TROY MI 48084	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ 4.13.95 810-649-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FN