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 FEB -8 AM 9:23

DOCUMENT # F94000001498 (4)

1. Corporation Name
CORNWALL & STEVENS SOUTHEAST, INC.

Principal Place of Business	Mailing Address
3280 POINTE PARKWAY SUITE 1600 NORCROSS GA 30092	P.O. BOX 920219 NORCROSS GA 30092

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/24/1994
3a. Date of Last Report:

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

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

4. FEI Number: 58-1133361 ☐ 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	PD	1.1 TITLE	P	☒ Change ☐ Addition
NAME	SMITH, TOMY	1.2 NAME	Smith, Tomy	
STREET ADDRESS	3280 POINTE PKY.	1.3 STREET ADDRESS	3280 Pointe Pky.	
CITY-ST-ZIP	NORCROSS GA 30029	1.4 CITY-ST-ZIP	Norcross, GA 30029	
TITLE	S	2.1 TITLE	S	☒ Change ☐ Addition
NAME	FERGUSON, JOHN	2.2 NAME	Chester A. Zinn, Jr.	
STREET ADDRESS	850 RIDGE LAKE BLVD.	2.3 STREET ADDRESS	Two Pine Tree Drive	
CITY-ST-ZIP	MEMPHIS TN 38120	2.4 CITY-ST-ZIP	Arden Hills, MN 55112	
TITLE	T	3.1 TITLE	T	☒ Change ☐ Addition
NAME	SMITH, KAYE G	3.2 NAME	Stephen L. Rohde	
STREET ADDRESS	3280 POINTE PKY.	3.3 STREET ADDRESS	Two Pine Tree Drive	
CITY-ST-ZIP	NORCROSS GA 30029	3.4 CITY-ST-ZIP	Arden Hills, MN 55112	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	BEERH, SURINDER	4.2 NAME	James F. Van Houten	
STREET ADDRESS	133 HOUNDSDITCH	4.3 STREET ADDRESS	Two Pine Tree Drive	
CITY-ST-ZIP	LONDON, ENGLAND	4.4 CITY-ST-ZIP	Arden Hills, MN 55112	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	STEWART, CALLUM	5.2 NAME	Charles W. Quandt, III	
STREET ADDRESS	133 HOUNDSDITCH	5.3 STREET ADDRESS	Two Pine Tree Drive	
CITY-ST-ZIP	LONDON, ENGLAND	5.4 CITY-ST-ZIP	Arden Hills, MN 55112	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	STIBITZ, WILLIAM	6.2 NAME	Stephen L. Rohde	
STREET ADDRESS	17 ACADEMY ST.	6.3 STREET ADDRESS	Two Pine Tree Drive	
CITY-ST-ZIP	NEWARK NJ 07102	6.4 CITY-ST-ZIP	Arden Hills, MN 55112	

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: Chester A. Zinn, Jr. Chester A. Zinn, Jr. 1/31/95 612/631-7010
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0300604 FP