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 18 PM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001719 (3)**

1. Corporation Name

BEXEL CORPORATION

Principal Place of Business	Mailing Address
801 S. MAIN ST. BURBANK CA 91506	801 S. MAIN ST. BURBANK CA 91506

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/05/1994

3a. Date of Last Report: N/A

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: 95-4448343 ☐ 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

7. 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., STE. 105
TALLAHASSEE FL 32301

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 _____ 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BAGGOTT, MALCOLM A	1.2 NAME	
STREET ADDRESS	COWDRAY HOUSE, 204 HIGH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHALFONT ST. PETER, BUCKS ENGLA-ND	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, RICHARD A	2.2 NAME	
STREET ADDRESS	COWDRAY HOUSE, 204 HIGH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHALFONT ST. PETER, BUCKS ENGLA-ND	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MARTELL, MICHAEL L	3.2 NAME	
STREET ADDRESS	521 FIFTH AVE., STE. 2200	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10175-0050	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	TRUDEAU, DAVID G	4.2 NAME	
STREET ADDRESS	801 S. MAIN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91506	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	MCPEEK, STEVE	5.2 NAME	
STREET ADDRESS	801 S. MAIN ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91506	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	NUDO, ROBERT A	6.2 NAME	
STREET ADDRESS	801 S. MAIN ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA 91506	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)(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: X _____ 28 February 1995 818 841-5051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040164 FH