

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Maxwell
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -8 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003276 (2)**

1. Corporation Name

LAURENTIAN INVESTMENT SERVICES, INC.

Principal Place of Business

Mailing Address

**440 MT. RUSHMORE RD.
RAPID CITY SD 57701**

**440 MT. RUSHMORE RD.
RAPID CITY SD 57701**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

06/21/1994

4. FEI Number

23-2611362

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND
PLANTATION FL 33324**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 re-registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RAKICH, ROBERT T
STREET ADDRESS 640 LEE RD., SUITE 303
CITY- ST- ZIP WAYNE PA 19087

11 TITLE C
12 NAME Change Addition
13 STREET ADDRESS
14 CITY- ST- ZIP

TITLE VID
NAME KOCH, BERNHARD M
STREET ADDRESS 640 LEE RD., SUITE 303
CITY- ST- ZIP WAYNE PA 19087

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

TITLE P
NAME WILSON, DAVID L JR
STREET ADDRESS 640 LEE RD., SUITE 303
CITY- ST- ZIP WAYNE PA 19087

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

TITLE DC
NAME STREETMAN, JOHN A
STREET ADDRESS 4030 LAKE WASHINGTON BLVD., #201
CITY- ST- ZIP KIRLAND WA 98033

41 TITLE D
42 NAME Change Addition
43 STREET ADDRESS
44 CITY- ST- ZIP

TITLE VS
NAME KRIVITZKY, RICHARD A
STREET ADDRESS 440 MT RUSHMORE RD.
CITY- ST- ZIP RAPID CITY SD 57701

51 TITLE S
52 NAME Change Addition
53 STREET ADDRESS William T. Gaynor, Jr.
54 CITY- ST- ZIP 440 Mt. Rushmore Rd.
Rapid City, SD 57701

TITLE V
NAME WADE, JOHN E
STREET ADDRESS 440 MT RUSHMORE RD.
CITY- ST- ZIP RAPID CITY SD 57701

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
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(9)(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:

William T. Gaynor, Jr.

William T. Gaynor, Jr. 2/23/95 605-348-1262

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

DATE