

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000003291 (1)

1. Corporation Name

FFCA ACQUISITION CORPORATION



Principal Place of Business

17207 N. PERIMETER DRIVE
SCOTTSDALE AZ 85255

Mailing Address

17207 N. PERIMETER DRIVE
SCOTTSDALE AZ 85255

3. Date Incorporated or Qualified
06/22/1994

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 date of appointment

(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 FLEISCHER, MORTON H
STREET ADDRESS 17207 N. PERIMETER DR.
CITY-STATE-ZIP SCOTTSDALE AZ

☐ DELETE

TITLE CD
NAME HALLIDAY, ROBERT W
STREET ADDRESS 17207 N. PERIMETER DR.
CITY-STATE-ZIP SCOTTSDALE AZ

☐ DELETE

TITLE V
NAME ROACH, ROBIN L
STREET ADDRESS 17207 N. PERIMETER DR.
CITY-STATE-ZIP SCOTTSDALE AZ

☐ DELETE

TITLE VT
NAME BARRAVECCHIA, JOHN R
STREET ADDRESS 17207 N. PERIMETER DR.
CITY-STATE-ZIP SCOTTSDALE AZ

☐ DELETE

TITLE V
NAME CRAWFORD, THOMAS K
STREET ADDRESS 17207 N. PERIMETER DR.
CITY-STATE-ZIP SCOTTSDALE AZ

☒ DELETE

TITLE V
NAME VOLK, CHRISTOPHER H
STREET ADDRESS 17207 N. PERIMETER DR.
CITY-STATE-ZIP SCOTTSDALE AZ

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SENIOR VICE PRESIDENT, HUMAN
RESOURCES

SENIOR VICE PRESIDENT, CHIEF
FINANCIAL OFFICER, TREASURER

SENIOR VICE PRESIDENT, UNDERWRITING
AND ASSURANCE

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:

John Barravecchia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN BARRAVECCHIA

2/15/96

(408) 585-4500

CR2E034 (12/95)