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 MAY -1 PM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003378 (6)**

1. Corporation Name
PREMARK INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1717 DEERFIELD ROAD DEERFIELD IL 60015	1717 DEERFIELD ROAD DEERFIELD IL 60015

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/27/1994
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: 36-3461320 ☐ 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. The 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 SOUTH PINE ISLAND ROAD
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 _____ DATE
Signature, type 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	CD	11 TITLE		☐ Change ☐ Addition
NAME	BATTS, WARREN L	12 NAME		
STREET ADDRESS	1717 DEERFIELD ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD IL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	DAVIS, RUTH M	22 NAME		
STREET ADDRESS	4900 SEMINARY RD., STE 570	23 STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA VA	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	ELAM, LLOYD C	32 NAME		
STREET ADDRESS	1005 D.B. TODD BLVD.	33 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	GRUM, CLIFFORD J	42 NAME		
STREET ADDRESS	303 SOUTH TEMPLE DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	DIBOLL TX	44 CITY-ST-ZIP		
TITLE	C	51 TITLE		☐ Change ☐ Addition
NAME	MARBUT, BOB	52 NAME		
STREET ADDRESS	100 N.E. LOOP 410, STE 1400	53 STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX	54 CITY-ST-ZIP		
TITLE	C	61 TITLE		☐ Change ☐ Addition
NAME	PARKER, DAVID R	62 NAME		
STREET ADDRESS	550 BILTMORE WAY, 10TH FLOOR	63 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	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(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 the 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: Thomas M Rosell — **ASSISTANT SECRETARY** 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000160 CP

PREMARK INTERNATIONAL, INC.
TAX DEPARTMENT
1717 DEERFIELD ROAD
DEERFIELD, ILLINOIS 60015

05/01/95

DIVISION OF CORPORATIONS
P.O. BOX 1500

TALLAHASSEE FL 32302-1500

RE: TAXPAYER : PREMARK INTERNATIONAL, INC.
FED. I.D. NO. : 36-3461320
TYPE OF TAX : Annual Report
LIABILITY YEAR : 95
TYPE OF PAYMENT : Return
AMOUNT : 200.00

GENTLEMEN OR MADAM:

ENCLOSED WITHIN IS THE RETURN AND/OR PAYMENT INDICATED ABOVE FOR THE SUBJECT TAXPAYER.

KINDLY ACKNOWLEDGE RECEIPT OF THE ENCLOSED BY PLACING YOUR OFFICIAL STAMP ON THE DUPLICATE COPY OF THIS LETTER AND RETURNING SAME TO OUR OFFICE.

VERY TRULY YOURS,

PATRICIA A. THOMPSON
DIRECTOR, STATE TAXES

F94000023378

PREMARK INTERNATIONAL, INC.
TAX DEPARTMENT
1717 DEERFIELD ROAD
DEERFIELD, ILLINOIS 60015

05/01/95

DIVISION OF CORPORATIONS
P.O. BOX 1500

TALLAHASSEE FL 32302-1500

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PA Thompson

PATRICIA A. THOMPSON
DIRECTOR, STATE TAXES