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 23 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003821 (5)

1. Corporation Name
PUBLISHERS WAREHOUSE TN, INC.

Principal Place of Business
~~130~~ 142 W. END AVE.
KNOXVILLE TN 37922

Mailing Address
~~130~~ 142 W. END AVE.
KNOXVILLE TN 37922

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1994
3a. Date of Last Report:

4. FEI Number: 62-1566938 — 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

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

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

9. Name and Address of Current Registered Agent

CT 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 ____ DATE ____

12. OFFICERS AND DIRECTORS

Field	Entry
TITLE	PD
NAME	BROOKS, RON
STREET ADDRESS	~~130~~ 142 W. END AVE.
CITY-ST-ZIP	KNOXVILLE TN 37922
TITLE	VSD
NAME	~~RICKETTS, DAVID~~ Drop
STREET ADDRESS	~~130 W. END AVE.~~
CITY-ST-ZIP	~~KNOXVILLE TN 37922~~
TITLE	VSD
NAME	Tom Anderson
STREET ADDRESS	142 W End Ave
CITY-ST-ZIP	Knoxville TN 37922
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition — all entries blank)

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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95 — Date
(615) 673-7958 — Daytime Phone #

0384486 CP

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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

DOCUMENT # **F94000004018 (7)**

1. Corporate Name

IMPROVED CONSTRUCTION METHODS, INC.

Principal Place of Business	Mailing Address
226 N. BAILEY STREET PO BOX 5798 JACKSONVILLE AR 72078	226 N. BAILEY STREET PO BOX 5798 JACKSONVILLE AR 72078

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1994	3a. Date of Last Report
4. FEI Number: 71-0414317	☐ 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 County	29 Zip / 30 County

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

12. OFFICERS AND DIRECTORS

TITLE	PC
NAME	MCFADDEN, BRUCE
STREET ADDRESS	4527 VALLEY BROOK DRIVE
CITY-ST-ZIP	NORTH LITTLE ROCK AR 72116
TITLE	STD
NAME	MCSPADDEN, MICKEY
STREET ADDRESS	16 DEER CREEK DR
CITY-ST-ZIP	CABOT AR 72023
TITLE	VC
NAME	WILSON, PAT
STREET ADDRESS	1202 W. MAIN
CITY-ST-ZIP	JACKSONVILLE AR 72076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 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: Bruce McFadden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95 (501)982-7715
Date / Daytime Phone #

0490499 FN

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CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F94000004220 (9)

1. Corporate Name

STIFEL ALLIANCE REALTY CORP.

Principal Place of Business	Mailing Address
500 N. BROADWAY SUITE 1700 ST. LOUIS MO 63102	500 N. BROADWAY SUITE 1700 ST. LOUIS MO 63102

2a. Mailing Address

26 500 N. Broadway

27 Attn: Corporate Accounting

28 St. Louis, MO

29 63102

3. Date Incorporated or Qualified: 08/15/1994

3a. Date of Last Report: Initial Report

4. FEI Number: 43-1273530

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. [ ] 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. SIGNATURE

12. Officers and Directors		13. Additions/Changes to Officers and Directors
TITLE	~~PD~~	Vice President / Director [✓] Change [ ] Addition
NAME	TAYLOR, GREGORY F	
STREET ADDRESS	500 N. BROADWAY	
CITY-ST-ZIP	ST. LOUIS MO 63102	
TITLE	SD	[ ] Change [ ] Addition
NAME	KNOTT, MARK D	
STREET ADDRESS	500 N. BROADWAY	
CITY-ST-ZIP	ST. LOUIS MO 63102	
TITLE	T	[ ] Change [ ] Addition
NAME	FRAGER, NORM	
STREET ADDRESS	500 N. BROADWAY	
CITY-ST-ZIP	ST. LOUIS MO 63102	
TITLE	~~D~~	President / Director [✓] Change [ ] Addition
NAME	WALKER, GEORGE H III	
STREET ADDRESS	500 N. BROADWAY	
CITY-ST-ZIP	ST. LOUIS MO 63102	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14.

SIGNATURE: [signature] 5/18/95 (314) 342-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0466740 FP

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CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED

15

TALLAHASSEE, FLORIDA

DOCUMENT # F94000004312 (4)

1. Corporation Name

THE CUTTERS, INC.

Principal Place of Business

100 W. LONG LAKE RD., #100
BLOOMFIELD HILLS MI 48304

Mailing Address

100 W. LONG LAKE RD., #100
BLOOMFIELD HILLS MI 48304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1994

3a. Date of Last Report:

4. FEI Number: 38-2362065 — 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

2. Principal Place of Business | 2a. Mailing Address

21 | 26

Suite, Apt. #, etc. 22 | 27

City & State 23 | 28

Zip 24 | Country 25 | Zip 29 | Country 30

9. Name and Address of Current Registered Agent

SIMPSON, LARRY
1102 N. GADSDEN ST.
TALLAHASSEE FL 32303

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 617.0502, 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 ss. 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PVST	TITLE	ASST SECRETARY [ ] Change [X] Addition
NAME	JONES, ROBERT	NAME	LOU PRANTERA
STREET ADDRESS	171 MARINE DR.	STREET ADDRESS	128 Marentette Dr.
CITY-ST-ZIP	ST CLAIR BEACH ONTARIO CANDA N8N -4KI	CITY-ST-ZIP	Belle River Ont NOR1A0
TITLE	D	TITLE	[ ] Change [ ] Addition
NAME	JONES, ROBERT	NAME	
STREET ADDRESS	171 MARINE DR.	STREET ADDRESS	
CITY-ST-ZIP	ST CLAIR BEACH ONTARIO CANDA N8N -4KI	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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(1)(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: Lou Prantera — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-95 Date

313 963 0917 Daytime Phone #

0447006 FP

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

... 10: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004548 (3)

1. Corporation Name

T-BIRDS ROCK & ROLL DINER GROUP, INC.

Principal Place of Business	Mailing Address
9039 SOUTHSIDE BLVD. JACKSONVILLE FL 32256	9039 SOUTHSIDE BLVD. JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1994
3a. Date of Last Report:

4. FEI Number: 59-3261644 ☐ 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL COPORATION SYSTEM, INC.
1201 HAYS ST., #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 ____________________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	VSTD	☐ Change ☐ Addition
NAME	GEORGE, MARY	
STREET ADDRESS	4521 FALKIRK TERRACE	
CITY-ST-ZIP	LITHONIA GA 30050	
TITLE	P	☐ Change ☐ Addition
NAME	GEORGE, RICHARD D JR	
STREET ADDRESS	4521 FALKIRK TERRACE	
CITY-ST-ZIP	LITHONIA GA 30050	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: Mary George — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95 (Date) 904-363-2299 (Daytime Phone #)

0001960 CP

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ANNUAL REPORT

1995

DOCUMENT # F94000004631 (7)

APPROVED AND FILED

FLORIDA

1. GRAHAM & RUSHEN, INC.

Principal Office	Mailing Address
2355 ALTON ROAD BIRMINGHAM AL 35210	2355 ALTON ROAD BIRMINGHAM AL 35210

2a. Mailing Address: 26 P.O. Box 100939

28 Birmingham, Al.

29 35210 30 JEFFERSON

3. Date Incorporated: 09/07/1994

4. FEI Number: 63-1090702

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

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
83
84 City FL 85 Zip Code

12. OFFICERS AND DIRECTORS

PDT
RUSHEN, BOBBY B
2355 ALTON ROAD
BIRMINGHAM AL

VSD
RUSHEN, B J
2355 ALTON ROAD
BIRMINGHAM AL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-95 (205) 956-7300

0468517 FP

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APPROVED
FILED
95 MAY 22 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995 522955 P-6830

DOCUMENT # F94000004706 (7)

1. Name of Corporation

MARIANNA BEVERAGE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
3860 WEST NORTHWEST HIGHWAY #300 DALLAS TX 75220	3860 WEST NORTHWEST HIGHWAY, #300 DALLAS TX 75220

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 09/12/1994 | 3a. Date of Last Report:

2. Principal Place of Business — 21 | 2a. Mailing Address — 26

Suite, Apt. # or Rm. — 22 | Suite, Apt. # or Rm. — 27

City & State — 23 | City & State — 28

Zip — 24 | County — 25 | Zip — 29 | County — 30

4. FEI Number: 58-2134006 | ☐ 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. 199.073, Florida Statutes ☐ Yes ☐ No

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 607.0501 and 607.1505, 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)
TITLE: PSTD NAME: JORNS, STEVEN D STREET ADDRESS: 3860 WEST NORTHWEST HIGHWAY #300 CITY ST ZIP: DALLAS TX 75220	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

14. I (we) 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 report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: [signature] 3/30/95 214-352-3330

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

0472380 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995

DOCUMENT # **F94000004752 (1)**

1. Corporate Name

BF USB, INC.

Principal Place of Business: 1780 BURNS AVENUE, ST LOUIS MO 63101

Mailing Address: 1780 BURNS AVENUE, ST LOUIS MO 63101

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1994

4. FEI Number: 43-1688835 — [ ] 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. [X] Yes [ ] No

2. Principal Place of Business / 2a. Mailing Address — Suite, Apt. #, etc. / City & State / Zip / Country

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

Name / Street Address (P.O. Box Number is Not Acceptable) / City FL / Zip Code

11. Pursuant to the provisions of 607.0502, 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 that position.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip
PC	MCCARTHY, DONALD	295 THE WEST MALL, STE 600	TORONTO, ONTARIO
VTD	JONES, RICHARD G	295 THE WEST NALL, STE 600	TORONTO, ONTARIO
VD	HUGHEY, H D	135 OTONABEE DR.	KITCHENER, ONTARIO
V	LOWES, PETER L	295 THE WEST MALL, STE 600	TORONTO, ONTARIO
VS	MARKEY, MARGO A	295 THE WEST MALL, STE 600	TORONTO, ONTARIO
AS	TANNON, JAY M	3200 PROVIDIAN CENTER	LOUISVILLE KY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	Name	Street Address	City-St-Zip	Change	Addition
PCD				X	
V				X	
V	PAL'JCH, Brian	178) Burns Avenue	St. Louis, Missouri 63101	X	
S				X	
AT	WAITE, Douglas	295 The West Mall, Ste 600	Toronto, Ontario		X

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(1)(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: Margo A. Markey, Secretary, May 1, 1995
416-695-5215

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

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

1995

DOCUMENT # F94000004873 (5)

VERIMED INTERNATIONAL, INC.

11950 NW 39TH ST CORAL SPRINGS FL 33323 33065	11950 NW 39TH ST CORAL SPRINGS FL 33323 33065
21 11950 N.W. 39TH ST.	26 11950 N.W. 39TH ST.
22 SUITE D	27 SUITE D
23 CORAL SPRINGS, FL	28 CORAL SPRINGS, FL.
24 33065 25 USA	29 33065 30 USA

3. 09/20/1994

4. 65-0515569 — Applied For / Not Applicable

5. $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

8. Yes ☐ No ☒

9. Name and Address of Current Registered Agent

MEE, DOUGLAS
11950 N.W. 39TH ST.
SUITE D
CORAL SPRINGS FL 33324

10. Name and Address of New Registered Agent

81 Name: MEE, DOUGLAS
82 Street Address (P.O. Box Numbers Not Acceptable): 11950 N.W. 39TH ST.
83 SUITE D
84 CORAL SPRINGS FL 85 33065

11. 5/16/96

12.	13.
C METTLER, STEPHEN C 1333 SOUTH CLAUDINA ANAHEIM CA 92805	
C METTLER, DONNA KAY 1333 SOUTH CLAUDINA ANAHEIM CA 92805	D SCHMIDT, ERWIN R., III 1333 SOUTH CLAUDINA ANAHEIM, CA 92805
DS METTLER, MARK 1333 SOUTH CLAUDINA ANAHEIM CA 92805	
D METTLER, LORI 1333 SOUTH CLAUDINA ANAHEIM CA 92805	
P MEE, DOUGLAS 11950 NW 39TH ST., STE. D CORAL SPRINGS FL 33323	
V MEE, WILLIAM 11950 NW 39TH ST., STE. D CORAL SPRINGS FL 33323	

14.

SIGNATURE: 5/16/96 305-344-2454

SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR

DOUG MEE, PRESIDENT

0231251 CP