

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

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PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000004168 (0)**

1. Corporation Name

MANUFACTURERS SOLUTIONS, INC.



Principal Place of Business

**PO BOX 6108
TEMPLE TX 76503-6108**

Mailing Address

**P O BOX 6115
TAMPLE TX 76503-6115
US**

3. Date Incorporated or Qualified **08/11/1994** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 **4747 McLane Parkway** 26 **P.O. Box 6115**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
23 **Temple, TX 76504** 28 **Temple, TX 76503-6115**

24 Zip 25 Country 29 Zip 30 Country

4. FEI Number **74-2712420** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, KEVIN J	1.2 NAME	
STREET ADDRESS	4747 McLane Pkwy	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TX	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSIER, WILLIAM G	2.2 NAME	
STREET ADDRESS	4747 McLane Pkwy	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TX	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARGER, R.D.	3.2 NAME	
STREET ADDRESS	4747 McLane Pkwy	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPLE TX	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PURYEAR, MICHAEL P	4.2 NAME	
STREET ADDRESS	4747 McLane Pkwy	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPLE TX	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, DONALD R	5.2 NAME	
STREET ADDRESS	4747 McLane Pkwy	5.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TX	5.4 CITY-ST-ZIP	
TITLE	AT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, CAROLINE R	6.2 NAME	
STREET ADDRESS	4747 McLane Pkwy	6.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TX	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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin J. Koch, Treasurer

Date

4/22/96

Daytime Phone #

817-771-7500

CR2E034 (12/95)

Manufacturers Solutions, Inc.

FEIN: 74-2712420

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Name	Title	Address
Terry McElroy	Director	4747 McLane Parkway, Temple, TX 76504

Statement 1