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FILED
May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000004168 (0)

1. Corporation Name
MANUFACTURERS SOLUTIONS, INC.



Principal Place of Business
4747 McLane Pkwy
Temple TX 76504
US

Mailing Address
P O BOX 6115
TAMPLE TX 76503
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 6115

27 Suite, Apt. #, etc.

28 City & State

28 Temple, TX

29 Zip Country

29 76503 30 US

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

08/11/1994

3a. Date of Last Report

04/30/1996

4. FEI Number

74-2712420

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME KOCH, KEVIN J
STREET ADDRESS 4747 McLane Pkwy
CITY-ST-ZIP TEMPLE TX

TITLE ☐ DELETE

NAME PD ROSIER, WILLIAM G
STREET ADDRESS 4747 McLane Pkwy
CITY-ST-ZIP TEMPLE TX

TITLE ☐ DELETE

NAME VD HARGER, R.D.
STREET ADDRESS 4747 McLane Pkwy
CITY-ST-ZIP TAMPLE TX

TITLE ☐ DELETE

NAME S MEWHINNEY, LEN
STREET ADDRESS 4747 McLane Pkwy
CITY-ST-ZIP TAMPLE TX

TITLE ☐ DELETE

NAME AS GRAVES, DONALD R
STREET ADDRESS 4747 McLane Pkwy
CITY-ST-ZIP TEMPLE TX

TITLE ☐ DELETE

NAME AT MANN, CAROLINE R
STREET ADDRESS 4747 McLane Pkwy
CITY-ST-ZIP TEMPLE TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Temple, TX

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Temple, TX

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 of Kevin J. Koch, Treasurer 4/22/97 (817) 771-7500

CR2E034 (9/96)