SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/8/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 AUG -3 AM 9:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F94000004877 (6)**

1. Corporation Name
RUFF HEWN, INC.

Principal Place of Business	Mailing Address
827 HERMAN COURT HIGH POINT NC 27263	827 HERMAN COURT HIGH POINT NC 27263

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/21/1994**
3a. Date of Last Report:

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: **06-1399952**	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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 _____ DATE
Signature, typed 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	PD	11 TITLE	D	☐ Change ☒ Addition
NAME	FINKEL, GARY	12 NAME	Cournoyer, Noelle	
STREET ADDRESS	64 PINNACLE ROCK RD.	13 STREET ADDRESS	399 Park Avenue	
CITY-ST-ZIP	STAMFORD CT	14 CITY-ST-ZIP	New York, NY 10043	
TITLE	VS	21 TITLE	V/S	☒ Change ☐ Addition
NAME	WRAY, MICHAEL	22 NAME	Delisle, Derek	
STREET ADDRESS	827 HERMAN COURT	23 STREET ADDRESS	827 Herman Court	
CITY-ST-ZIP	HIGH POINT NC	24 CITY-ST-ZIP	High Point, NC 27263	
TITLE	D	31 TITLE	V	☐ Change ☒ Addition
NAME	SHERRILL, STEPHEN	32 NAME	Rogers, Raymond	
STREET ADDRESS	399 PARK AVENUE 14TH FLOOR	33 STREET ADDRESS	827 Herman Court	
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	High Point, NC 27263	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	NELSON, THOMAS C	42 NAME		
STREET ADDRESS	1110 EAST MOREHEAD STREET	43 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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: _____ DEREK P DELISLE 7/24/95 (910)861-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0170000 FN