FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 AM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005191 (1)

1. Corporation Name

BMW INVESTMENTS, INC.

Principal Place of Business: 101 CAHABA VALLEY PKWY, PELHAM AL 35214

Mailing Address: 101 CAHABA VALLEY PKWY, PELHAM AL 35214

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1994

3a. Date of Last Report:

4. FEI Number: 63-1076645 — 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 Florida Statutes. [ ] Yes [✓] No

2. Principal Place of Business: 21 (blank); 22 Suite, Apt. #, etc. (blank); 23 City & State (blank); 24 Zip (blank); 25 Country (blank)

2a. Mailing Address: 26 P.O. Box 1269; 27 Suite, Apt. #, etc. (blank); 28 City & State: Pelham, AL; 29 Zip: 35124; 30 Country: USA

9. Name and Address of Current Registered Agent

GRAYSON JR, ROBERT L
555 SOUTH G STREET
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name: Grayson Jr., Robert L.
82 Street Address (P.O. Box Number is Not Acceptable): 390 Selina Street
83
84 City: Pensacola FL 85 Zip Code: 35203

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 section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	TITLE	[ ] Change [ ] Addition
NAME	KERN, PETER F	NAME	
STREET ADDRESS	101 CAHABA VALLEY PKWY	STREET ADDRESS	
CITY-ST-ZIP	PELHAM AL	CITY-ST-ZIP	
TITLE	VDST	TITLE	[ ] Change [ ] Addition
NAME	CORNELIUS, J P	NAME	
STREET ADDRESS	101 CAHABA VALLEY PKWY	STREET ADDRESS	
CITY-ST-ZIP	PELHAM AL	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(3)(i), Florida Statutes. I further certify that the information indicated on this 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

04-27-95 — DATE

205-733-8026 — DAYTIME PHONE

0478840 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
... 11:17
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # F94000005436 (0)

1. Corporation Name

BRAZILIAN FIESTA TURISMO LIMITADA

Principal Place of Business	Mailing Address
AV. NS. COPACABANA 637/501 RIO DE JANEIRO CEP 22050-000. BRAZIL	AV. NS. COPACABANA 637/501 RIO DE JANEIRO CEP 22050-000. BRAZIL

3. Date Incorporated or Qualified: 10/18/1994
3a. Date of Last Report:

4. FEI Number: NOT APPLICABLE ☐ 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 — 21 Street / 22 Suite, Apt. #, etc. / 23 City & State / 24 Zip / 25 Country

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

9. Name and Address of Current Registered Agent

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.
1406 HAY ST, #2
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

TITLE	D
NAME	PENN, JOHN W
STREET ADDRESS	AV. NS. COPACABANA 637/501
CITY-ST-ZIP	RIO DE JANEIRO, BRAZIL
TITLE	D
NAME	LEHTONEN, JUHA
STREET ADDRESS	AV. NS. COPACABANA 637/501
CITY-ST-ZIP	RIO DE JANEIRO, BRAZIL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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(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: J W Penn DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5th april 1995
Date

Daytime Phone # (021) 235-1037

0493477 IN

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # F94000005924 (5)

1. Corporate Name: INFORUM, INC.

Principal Place of Business: 424 CHURCH ST NASHVILLE TN 37219

Mailing Address: 424 CHURCH ST NASHVILLE TN 37219

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1994

3a. Date of Last Report:

4. FEI Number: 62-1316754 — Applied For / Not Applicable

2. Principal Office Address (21):

2a. Mailing Address (26): 777 E. Eisenhower Pkwy

Suite, Apt # etc. (22): — (27): Suite 500

City & State (23): — (28): Ann Arbor, MI

Zip (24): — Country (25): — Zip (29): 48104 — Country (30):

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 [X] 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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	TITLE		[X] Change [ ] Addition
NAME	RAUWERDINK, WILLIAM J	NAME	Delete	
STREET ADDRESS	777 E. EISENHOWER PKWY., #500	STREET ADDRESS		
CITY-ST-ZIP	ANN ARBOR MI 48108	CITY-ST-ZIP		
TITLE	CEO	TITLE		[X] Change [ ] Addition
NAME	MURNANE, TIMOTHY E	NAME	Delete	
STREET ADDRESS	777 E. EISENHOWER PKWY., #500	STREET ADDRESS		
CITY-ST-ZIP	ANN ARBOR MI 48108	CITY-ST-ZIP		
TITLE	VS	TITLE	S	[X] Change [ ] Addition
NAME	BACON, DONNA L	NAME	Michael S. Harris	
STREET ADDRESS	777 E. EISENHOWER PKWY., #500	STREET ADDRESS	777 E. Eisenhower Pkwy, Suite 500	
CITY-ST-ZIP	ANN ARBOR MI 48108	CITY-ST-ZIP	Ann Arbor, MI 48104	
TITLE	V	TITLE	V	[X] Change [ ] Addition
NAME	SUITER, PHILLIP D	NAME	Hugh Lifsey	
STREET ADDRESS	424 CHURCH ST., #2600	STREET ADDRESS	777 E. Eisenhower Pkwy, Suite 500	
CITY-ST-ZIP	NASHVILLE TN 37219	CITY-ST-ZIP	Ann Arbor, MI 48104	
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)(a), 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: Hugh Lifsey — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/26/95 — Date — Daytime Phone

0466118 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
[illegible] AM 4:19
[illegible] OF STATE
[illegible], FLORIDA

DOCUMENT # F94000006229 (8)

1. Corporation Name
MODERN WELDING COMPANY, INC.

Principal Place of Business: PO BOX 1450, OWENSBORO KY 42302-1450

Mailing Address: PO BOX 1450, OWENSBORO KY 42302-1450

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1994
3a. Date of Last Report:
4. FEI Number: 61-1229111 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

PEDIGO, LARRY E
1801 ATLANTA AVE
ORLANDO FL 32806

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 Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	JONES, JOHN W
STREET ADDRESS	2880 NEW HARTFORD RD
CITY-ST-ZIP	OWENSBORO KY 42303
TITLE	D
NAME	JONES, JOHN W
STREET ADDRESS	2880 NEW HARTFORD RD
CITY-ST-ZIP	OWENSBORO KY 42303
TITLE	VTD
NAME	JONES, JAMES E
STREET ADDRESS	2880 NEW HARTFORD RD
CITY-ST-ZIP	OWENSBORO KY 42303
TITLE	VD
NAME	JONES, LELAND C
STREET ADDRESS	2880 NEW HARTFORD RD
CITY-ST-ZIP	OWENSBORO KY 42303
TITLE	VCD
NAME	RUTH, JAMES M
STREET ADDRESS	2880 NEW HARTFORD RD
CITY-ST-ZIP	OWENSBORO KY 42303
TITLE	VD
NAME	ECLEBERRY, RONALD L
STREET ADDRESS	2880 NEW HARTFORD RD
CITY-ST-ZIP	OWENSBORO KY 42303

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition (×6)

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 the 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: James M Ruth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 Date
502-685-4400 Daytime Phone #

0487837 FN