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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:50

DOCUMENT # **F94000005830 (4)**

1. Corporation Name
MT INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
LINCOLN NORTH LINCOLN MA 01773	LINCOLN NORTH LINCOLN MA 01773

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/10/1994** | 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 c/o John W. Shaffer	26 c/o John W. Shaffer
Suite, Apt. #, etc. 22 14566 Mandolin Dr.	Suite, Apt. #, etc. 27 14566 Mandolin Dr.
City & State 23 Orlando, Florida	City & State 28 Orlando, Florida
Zip / Country 24 32837 / 25 USA	Zip / Country 29 32837 / 30 USA

4. FEI Number: **04-3232217** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHAFFER, JOHN W 5850 T.G. LEE BLVD. SUITE 500 ORLANDO FL 32822	81 Name: John W. Shaffer 82 Street Address (P.O. Box Number is Not Acceptable): 14566 Mandolin Dr. 83 84 City: Orlando, FL 85 Zip Code: 32837

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 — DATE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	President ☒ Change ☐ Addition
NAME	SHAFFER, JOHN W	12 NAME	John W. Shaffer
STREET ADDRESS	251 CATERINA HEIGHTS	13 STREET ADDRESS	14566 Mandolin Dr.
CITY-ST-ZIP	CONCORD MA 01742	14 CITY-ST-ZIP	Orlando, Florida 32837
TITLE	V	21 TITLE	Vice President ☒ Change ☐ Addition
NAME	SHAFFER, PATRICIA A	22 NAME	Patricia A. Shaffer
STREET ADDRESS	251 CATERINA HEIGHTS	23 STREET ADDRESS	14566 Mandolin Dr.
CITY-ST-ZIP	CONCORD MA 01742	24 CITY-ST-ZIP	Orlando, Florida 32837
TITLE	C	31 TITLE	Chairman ☐ Change ☐ Addition
NAME	MADDEN, JOHN J	32 NAME	John J. Madden
STREET ADDRESS	46 DEVONSHIRE RD.	33 STREET ADDRESS	46 Devonshire Rd.
CITY-ST-ZIP	WABAN MA 02168	34 CITY-ST-ZIP	Waban, MA 02168
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		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	

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: John W. Shaffer — 4/3/95 — (407) 438-9767
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0474010 FP