# 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

## DOCUMENT # F94000006308 (0)

1. Corporation Name
**BAKER SUPPORT SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4801 SPRING VALLEY RD.<br>SUITE 125<br>DALLAS TX 75244 | 4801 SPRING VALLEY RD.<br>SUITE 125<br>DALLAS TX 75244 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1994
3a. Date of Last Report:
4. FEI Number: 75-1909326 — 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
Suite Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**
**1200 S. PINE ISLAND RD.**
**PLANTATION FL 33324**

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 607.1505, 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 | C | 11 TITLE | C/P — ☒ Change ☒ Addition |
| NAME | SHAW, RICHARD L | 12 NAME | CHARLES I. HOMAN |
| STREET ADDRESS | 150 WILSON AVE. | 13 STREET ADDRESS | 420 ROUSER RD BLDG #3 |
| CITY-ST-ZIP | BEAVER PA 15009 | 14 CITY-ST-ZIP | CORAOPOLIS, PA 15108 |
| TITLE | PD | 21 TITLE | V/D — ☒ Change ☐ Addition |
| NAME | GIBBS, MICHAEL E | 22 NAME | J. ROBERT WHITE |
| STREET ADDRESS | 18119 TELGE RD. | 23 STREET ADDRESS | 420 ROUSER RD. BLDG #3 |
| CITY-ST-ZIP | CYPRESS TX 77429 | 24 CITY-ST-ZIP | CORAOPOLIS, PA 15108 |
| TITLE | V | 31 TITLE | V/S — ☒ Change ☐ Addition |
| NAME | WAGONER, JOSEPH E | 32 NAME | H. JAMES MCKNIGHT |
| STREET ADDRESS | 2615 BELMEADE DR. | 33 STREET ADDRESS | 420 ROUSER RD BLDG #3 |
| CITY-ST-ZIP | CARROLLTON TX 75006 | 34 CITY-ST-ZIP | CORAOPOLIS, PA 15108 |
| TITLE | VD | 41 TITLE | T — ☒ Change ☐ Addition |
| NAME | NELSON, DONALD J | 42 NAME | DONALD D. LATKOVIC |
| STREET ADDRESS | 118 CREST DR. | 43 STREET ADDRESS | 4301 DUTCH RIDGE ROAD |
| CITY-ST-ZIP | BEAVER PA 15009 | 44 CITY-ST-ZIP | BEAVER PA 15009 |
| TITLE | VSD | 51 TITLE | ☒ Change ☐ Addition |
| NAME | FUSILLI, DONALD P JR | 52 NAME | |
| STREET ADDRESS | 404 GOLDEN GROVE RD. | 53 STREET ADDRESS | |
| CITY-ST-ZIP | BADEN PA 15005 | 54 CITY-ST-ZIP | |
| TITLE | V | 61 TITLE | ☒ Change ☐ Addition |
| NAME | ALCORN, JOSEPH N | 62 NAME | |
| STREET ADDRESS | ONE N. SHORE DR. | 63 STREET ADDRESS | |
| CITY-ST-ZIP | PITTSBURGH PA 15212 | 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 added above.

**SIGNATURE:** Donald D. Latkovic — TREASURER — 4/9/96 — (412) 269-2543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DONALD D. LATKOVIC