## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State

	1996		DIVISION OF CO	DRPORAT	HONS		
1. Corporation	n Name	80000	27 (4)				
1EXA(	CO GROUP INC.					# INDIIRA MINI IDADI DINA DANG ARM	I ARAN BRIN BRIN BRIN HAND HAN HAN KAR
Principal Place	of Business	Mailing Add	Neces to				
•							
32 LOOCKERMAN SQUARE. SUITE L-100 DOVER DE 19904		32 LOOCKERMAN SQUARE, SUITE L-100 DOVER DE 19904			L-100		
	•	2412.1				3 Data Incorporated or Qualified	9a Data of Last Danes
						3. Date Incorporated or Qualified 02/20/1995	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing	2a. Mailing Address			4. FEI Number	Applied For
21		26	.]			76-0454935	Not Applicable
Suite, Apt. i	#, elc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27					Fee Required
City & State	)	28 City & S	City & State 1			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip	Country	-   <b>26</b>		Count	rv		Added to Fees
24 25		29			.,	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes 🗍 No	
	9. Name and Address of Curre	nt Registered Ag				10. Name and Address of New R	
				8	1 Name		
	RENTICE-HALL CORPORATION	SYSTEM, INC.		8	2 Street Add	Iress (P.O. Box Number is Not Acceptable	e)
1201 HAYS ST., STE. 105 TALLAHASSEE FL 32301			83				
					3		
					4 City		85 Zip Code
44 Day year	Manual 1 2 - 1 C - 1 - 207 OF 0	0			.l		FL   V   2   V   V   V   V   V   V   V   V
or register	o the provisions of Sections 607.050; ed agent, or both, in the State of Flor	z and 607,1508, F ida. Such change	ionoa Stat <b>utes,</b> t was autho <b>rize</b> d t	ne above by the co	rporation's boa	oration submits this statement for the purp and of directors. I hereby accept the appo	oose of changing its registered office intment as registered agent. Lam
reinnear wit	h, and accept the obligations of, Sec	tion 607,0505, Fla	rida Statutes.				v v
SIGNATURE ,	Signature, typod or printed name of registered agen	it and foir if applicable.	INOTE: F	k a stered Ad	ent signature regun	ed when reinstating)	DATE
12.		ID DIRECTORS	***************************************	13.		ADDITIONS/CHANGES TO OFFI	
THUE	D		] DELETE	1. 1 TITU	E		Change Addition
NAME	BIJUR, P.I.			1.2 NAM	E.		
STREET ADDRESS	2000 WESTCHESTER AVE.			1.3 STRF	F1 ADDRESS		
CHY-ST-ZIP	WHITE PLAINS NY 10650			1.4 CITY			
THTLE	D	اسا	) DELETE	2.11II)(			Change Addition
NAME	BLACK, C.R. 2000 Westchester Ave.			2 2 NAM			
STREET ADDRESS	WHITE PLAINS NY 10650				ET ADDRESS		
Ofry - ST - ZIP TITLE	D		DELETE	2.4 CITY 3. 1 THL			Change Addition
NAV:	DUNLAP, J.L.	<b>L</b>	, DI CCIE	3.2 NAM			
STREET ADDRESS	2000 WESTCHESTER AVE.				ET ADDRESS		
City-St-7IP	WHITE PLAINS NY 10650			3.4 CITY		40000100	ne e e
TITLE	P		] DELFTE	4. 1 T/TL		<b>4000018</b> 3 -05/23/96010	CChange
NAME	CAZELOT, C.P. JR.			4.2 NAM		***1800.60	15 050
STREET ADDRESS	2000 WESTCHESTER AVE.			4.3 STRE	E1 ADDRESS	****1000.00	•
CITY - ST - ZIP	WHITE PLAINS NY 10650			4.4 CITY	- ST - ZIF		
TITLE	VS		] DELETE	5. 1 TiTµ	E		Change Addition
NAME	DAVIDSON, C.B.			5.2 NAMI			
STREET ADDRESS	2000 WESTCHESTER AVE.			5.3 \$TRE	E1 ADDRESS		
CHY+\$1+ZIP	WHITE PLAINS NY 10650		INCICTE	5.4 CITY-	***************************************	1 and Coundary	
TITLE	ULRICH, R.W.	<b>/</b> 2	DELETE	6 1 TITLE		Asst Secretary F.J. Atternelier	Change Addition
NAME	CLINO(I) INTE		l l	6.2 NAM		ア・コ・バン エレバ・マックス	

STREET ADDRESS

CITY: ST-ZIP

WHITE PLAINS NY 10650

14. If 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)(k), Florida Statutes. If 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: ASSISTANT SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDRIC J. ATTERMEIER

29 fpc 86
Dating Phone 1 9 /

CR2E034 (12/95)