

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000003588 (9)

1. Corporation Name
STANDARD FORMS, INC.



Principal Place of Business: P.O. BOX 12635, NORFOLK VA 23502
Mailing Address: P.O. BOX 12635, NORFOLK VA 23541-0635

3. Date Incorporated or Qualified: 07/25/1995
3a. Date of Last Report: 06/26/1996
4. FEI Number: 13-2671270
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 Country
24 Zip Country
25 Zip Country
26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip Country
30 Zip Country

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of faith 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: *Kenneth Kimball* 1/7/97 DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	D'AGOSTINO, THOMAS B JR	
STREET ADDRESS	276 PARK AVENUE SOUTH	
CITY - ST - ZIP	NEW YORK NY 10001	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CUNNINGHAM, THOMAS F JR	
STREET ADDRESS	3701 E. VIRGINIA BEACH BLVD.	
CITY - ST - ZIP	NORFOLK VA 23502	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KATZ, FREDERICK L	
STREET ADDRESS	3987 DEEP ROCK ROAD	
CITY - ST - ZIP	RICHMOND VA 23233	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SOCKOL, JEFFREY S	
STREET ADDRESS	99 GUION STREET	
CITY - ST - ZIP	SPRINGFIELD MA 01102-0199	
TITLE	TAS	<input checked="" type="checkbox"/> DELETE
NAME	FELDMAN, MICHAEL	
STREET ADDRESS	3701 E. VIRGINIA BEACH BOULEVARD	
CITY - ST - ZIP	NORFOLK VA 23502	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SUTER, LYNN	
STREET ADDRESS	3701 E. VIRGINIA BEACH BOULEVARD	
CITY - ST - ZIP	NORFOLK VA 23502	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	President Robert Wesley
2.3 STREET ADDRESS	4400 Silas Creek Pkwy
2.4 CITY - ST - ZIP	Winston-Salem, NC 27104
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Assistant Secretary Kenneth Kimball
4.3 STREET ADDRESS	3701 E. Virginia Beach Blvd.
4.4 CITY - ST - ZIP	Norfolk VA 23502
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Treasurer + Secretary Michael Feldman
5.3 STREET ADDRESS	3701 E. Virginia Beach Blvd.
5.4 CITY - ST - ZIP	Norfolk VA 23502
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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: *Kenneth Kimball* 1/7/97 (757) 455-8001 DATE Daytime Phone #

CR2E034 (9/96)