SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F95000006143 (0)**

1. Corporation Name
AMERACE SERVICE CORPORATION

000001911330
-08/02/96--01024--049
***225.00

Principal Place of Business	Mailing Address
7474 UTILITIES RD. PUNTA GORDA FL 33982	7474 UTILITIES RD. PUNTA GORDA FL 33982

3. Date Incorporated or Qualified: 12/15/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 16228 Flight Path Drive
Suite, Apt. #, etc. 22:
City & State: Brooksville, FL
Zip 24: 34609 Country 25: USA

2a. Mailing Address
26: 1555 Lynnfield Road
Suite, Apt. #, etc. 27: Tax Department
City & State 28: Memphis, TN
Zip 29: 38119 Country 30:

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: C.T. Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
83:
84 City: Plantation FL 85 Zip Code: 33324

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: C.T. Corporation System — 7/15/96
(Signature and typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT HOLLOWAY, EUGENE RT 24 HACKETTSTOWN NJ 07840	☒ DELETE	11 Title / 12 Name / 13 Street Address / 14 City-St-Zip	President and Director Gregory M. Langston 1555 Lynnfield Road Memphis, TN 38119	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V NAVITSKY, ANTHONY 2 N. RIVERSIDE PLAZA, #1100 CHICAGO IL 60606	☒ DELETE	21 Title / 22 Name / 23 Street Address / 24 City-St-Zip	VP - Finance and Director Fred R. Jones 1555 Lynnfield Road Memphis, TN 38119	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS ATHAS, GUS J 2 N. RIVERSIDE PLAZA, #1100 CHICAGO IL 60606	☒ DELETE	31 Title / 32 Name / 33 Street Address / 34 City-St-Zip	VP - General Counsel Jerry Kronenberg 1555 Lynnfield Road Memphis, TN 38119	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZELL, SAMUEL 2 N. RIVERSIDE PLAZA, #1100 CHICAGO IL 60606	☒ DELETE	41 Title / 42 Name / 43 Street Address / 44 City-St-Zip	Secretary Janice H. Way 1555 Lynnfield Road Memphis, TN 38119	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALL, WILLIAM K 2 N. RIVERSIDE PLAZA, #1100 CHICAGO IL 60606	☒ DELETE	51 Title / 52 Name / 53 Street Address / 54 City-St-Zip	Chairman, CEO & Director Clyde R. Moore 1555 Lynnfield Road Memphis, TN 38119	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSENBERG, SHELI 2 N. RIVERSIDE PLAZA, #1100 CHICAGO IL 60606	☒ DELETE	61 Title / 62 Name / 63 Street Address / 64 City-St-Zip	Director T. Kevin Dunnigan 1555 Lynnfield Road Memphis, TN 38119	☐ Change ☒ Addition 7-1-96 TA

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jerry Kronenberg — July 16, 1996 — 901-682-7766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone Number)
Jerry Kronenberg