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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # F96000000664 (0)

1. Corporation Name
RIVERSIDE INTERNATIONAL CORPORATION OF DELAWARE

Principal Place of Business	Mailing Address
7800 BELFORT PKWY #100 JACKSONVILLE FL 32256	7800 BELFORT PKWY #100 JACKSONVILLE FL 32256-6920

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 ___

3. Date Incorporated or Qualified: 02/09/1996

3a. Date of Last Report: N/A Initial Report

4. FEI Number: 59-3185943 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: Kirschner Main Graham Tanner & DeMont
82 Street Address (P.O. Box Number is Not Acceptable): One Independent Drive - Suite 2000
83
84 City: Jacksonville FL 85 Zip Code: 32202

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 [signature] 4-28-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	SAPINSKI, TOM	
STREET ADDRESS	7800 BELFORT PKWY #100	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	DVS	☐ DELETE
NAME	BARBEE, W. RAY	
STREET ADDRESS	7800 BELFORT PKWY #100	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	DC	☐ DELETE
NAME	WILSON, J. STEVEN	
STREET ADDRESS	7800 BELFORT PKWY #100	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	DC	☐ DELETE
NAME	KIRSCHNER, KENNETH	
STREET ADDRESS	7800 BELFORT PKWY #100	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	V	☐ DELETE
NAME	MCGUFFIN, JAMES	
STREET ADDRESS	7800 BELFORT PKWY #100	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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: [signature] J. Steven Wilson 4-24-97 904/281-2200