3-24-97 B3471 C.

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Mar 24 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 # F96000002031 (0)

1. Corporation Name
SIAA SOUTHEAST, INC.

Principal Place of Business
P.O. BOX 2041, 69 ISLAND ROAD
KEENE NH 03431

Mailing Address
P.O. BOX 2041, 69 ISLAND ROAD
KEENE NH 03431-3529

3. Date Incorporated or Qualified: 04/24/1996
3a. Date of Last Report:

2. Principal Place of Business
21 PO BOX 2041, 69A ISLAND ST.
22 Suite, Apt #, etc
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 POBOX 2041, 69A ISLAND ST.
27 Suite, Apt #, etc
28 City & State
29 Zip
30 Country

4. FEI Number: 02-0488344 — ☐ 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
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 607.1508, 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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	CAFIERO, CHARLES		1.2 NAME	CAFIERO, CHARLES	
STREET ADDRESS	69 ISLAND ROAD		1.3 STREET ADDRESS	69A ISLAND ST	
CITY-ST-ZIP	KEENE NH		1.4 CITY-ST-ZIP	KEENE, NH 03431	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, DON		2.2 NAME		
STREET ADDRESS	69 ISLAND ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEENE NH		2.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	SMITH, RONALD		3.2 NAME	Christopher MASiello	
STREET ADDRESS	69 ISLAND ROAD		3.3 STREET ADDRESS	69 A ISLAND ST.	
CITY-ST-ZIP	KEENE NH		3.4 CITY-ST-ZIP	Keene, NH 03431	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GOODNOW, JOHN		4.2 NAME		
STREET ADDRESS	45 ROXBURY STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	KEENE NH		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PAPPAJOHN, NICHOLAS		5.2 NAME		
STREET ADDRESS	69 ISLAND ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	KEENE NH		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Nicholas J Pappajohn — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/97 — Date
603-358-3190 — Daytime Phone #

0496877