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FILED

Mar 18 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 # F96000004551 (5)

1. Corporation Name
NAICOR, INC.



Principal Place of Business

Mailing Address

~~PERRYVILLE CORPORATE PARK
CLINTON NJ 08809-4000~~

~~PERRYVILLE CORPORATE PARK
CLINTON NJ 08809~~

2. Principal Place of Business

2a. Mailing Address

21 7916 TANNERSGATE LANE

Suite, Apt. #, etc.

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Suite, Apt. #, etc.

City & State

City & State

23 FLORENCE KY

Zip 41042 Country BOONE

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3. Date Incorporated or Qualified

3a. Date of Last Report

09/05/1996

4. FEI Number

Applied For

22-3403495

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

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KORFHAGE, RICHARD	
STREET ADDRESS	7916 TANNERS GATE LANE	
CITY-ST-ZIP	FLORENCE KY 41042	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FERRELL, MIKE	
STREET ADDRESS	7916 TANNERS GATE LANE	
CITY-ST-ZIP	FLORENCE KY 41042	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	KORNMEYER, ROBIN	
STREET ADDRESS	4900 SINGLETON BLVD	
CITY-ST-ZIP	DALLAS TX 75212	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GARDNER, LISA F	
STREET ADDRESS	PERRYVILLE CORPORATE PARK	
CITY-ST-ZIP	CLINTON NJ 08809	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BONINE, JONATHAN	
STREET ADDRESS	4900 SINGLETON BLVD.	
CITY-ST-ZIP	DALLAS TX 75212	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, JERRY	
STREET ADDRESS	4900 SINGLETON BLVD.	
CITY-ST-ZIP	DALLAS TX 75212	

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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MIKE MAGUIRE
6.3 STREET ADDRESS	7916 TANNERS GATE LANE
6.4 CITY-ST-ZIP	FLORENCE KY 41042

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: Donald E. Trame DONALD E. TRAME 3/14/97 606-647-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CONTROLLER

CR2E034 (9/96)