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FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **F97000001538 (4)**

1. Corporation Name
ZERO ENCLOSURES, INC.

Principal Place of Business
444 S. FLOWER ST., #2100
LOS ANGELES CA 90071-2922

Mailing Address
444 S. FLOWER ST., #2100
LOS ANGELES CA 90071-2922

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1997

4. FEI Number: 84-1387014 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 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 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	PDCE	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GODBOLD, WILFORD D JR		1.2 NAME		
STREET ADDRESS	444 S. FLOWER ST., #2100		1.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA 90071-2922		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HERMANSON, JAMES F		2.2 NAME		
STREET ADDRESS	444 S. FLOWER ST., #2100		2.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA 90071-2922		2.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	3.1 TITLE	Division President	☐ Change ☒ Addition
NAME	HEILER, BERNARD B		3.2 NAME	Jay Manwaring	
STREET ADDRESS	444 S. FLOWER ST., #2100		3.3 STREET ADDRESS	500 West 200 North	
CITY-ST-ZIP	LOS ANGELES CA 90071-2922		3.4 CITY-ST-ZIP	No. Salt Lake, UT 84054	
TITLE	VDCF	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DANIELS, GEORGE A		4.2 NAME		
STREET ADDRESS	444 S. FLOWER ST., #2100		4.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA 90071-2922		4.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CUTCHALL, ANITA J		5.2 NAME		
STREET ADDRESS	444 S. FLOWER ST., #2100		5.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA 90071-2922		5.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	6.1 TITLE	Assistant Secretary	☐ Change ☒ Addition
NAME	LE ROY, MICHAEL D		6.2 NAME	John T. O'Bryant	
STREET ADDRESS	444 S. FLOWER ST., #2100		6.3 STREET ADDRESS	500 West 200 North	
CITY-ST-ZIP	LOS ANGELES CA 90071-2922		6.4 CITY-ST-ZIP	No. Salt Lake, UT 84054	

CR2E034 (10/97)

14. I 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: Anita J. Cutchall Anita J. Cutchall, V.P. 4/9/98 213/629-7000