FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

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

95 MAY -1 AM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J48634** **(6)**

1. Corporation Name

NACO, U.S.A., INCORPORATED

Principal Place of Business	Mailing Address
100 GUS HIPP BLVD ROCKLEDGE FL 32955	100 GUS HIPP BLVD ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/18/1986**

3a. Date of Last Report: **04/21/1994**

2. Principal Place of Business	21	2a. Mailing Address	26
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27
City & State	23	City & State	28
ZIP	24	County	25
ZIP	29	County	30

4. FEI Number: **59-1930466** ☐ 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

7. This corporation has authority to transact business in Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WOOSLEY, JEFFERY G.
100 GUS HIPP BLVD
ROCKLEDGE FL 32955

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 Section 607.0502, 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: (If changing Registered Agent, Registered Agent must sign above) (If changing Registered Agent or registered office address, new Registered Agent must sign below) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	STANGE, FREDRIK	12 NAME	
STREET ADDRESS	100 GUS HIPP BLVD	13 STREET ADDRESS	
CITY, ST, ZIP	ROCKLEDGE FL	14 CITY, ST, ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	PREUS, KNUT F.	22 NAME	
STREET ADDRESS	100 GUS HIPP BLVD.	23 STREET ADDRESS	
CITY, ST, ZIP	ROCKLEDGE FL	24 CITY, ST, ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	KOGSTAD, ROLF E.	32 NAME	
STREET ADDRESS	800 THIRD AVE.	33 STREET ADDRESS	
CITY, ST, ZIP	NEW YORK NY	34 CITY, ST, ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	JEFFERY WOOSLEY	42 NAME	
STREET ADDRESS	100 GUS HIPP BLVD.	43 STREET ADDRESS	
CITY, ST, ZIP	ROCKLEDGE FL 32955	44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I/We 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)(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 above, or on an attachment with an address.

SIGNATURE: *Jeffery G Woosley*

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

Jeffery G. Woosley, SVP

DATE: MAY 1 95

502-426-7100
Daytime Phone #
502 426 7100

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