FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:26

DOCUMENT # J51616 (7)

1. Corporation Name
DIALCO, INC.

Principal Place of Business	Mailing Address
2 TRURO ROAD NORFOLK MA 02056 US	2 TRURO ROAD NORFOLK MA 02056 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1987
3a. Date of Last Report: 07/06/1994

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

4. FEI Number: 59-2935958 ☐ 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

BRUNELLI, WILLIAM J.
~~606 SEMINOLE BLVD.~~
~~TARPON SPRINGS FL 33589~~

10. Name and Address of New Registered Agent

81 Name: Brunelli William Jr
82 Street Address (P.O. Box Number is Not Acceptable)
83: 3549 Deer Run South
84 City: Palm Harbor FL 85 Zip Code: 34684

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: W. Brunelli — 3-10-95
Type or Print Name of Registered Agent and Title if Applicable — Registered Agent Signature Required if Reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	11 TITLE	☐ Change ☐ Addition
NAME	MOLLOY, MATTHEW	12 NAME	
STREET ADDRESS	2 TRURO ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK MA	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	MOLLOY, MATTHEW	22 NAME	
STREET ADDRESS	2 TRURO ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK MA	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		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 hereby certify that the information supplied with this filing is true and accurate; that my electronic 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 13 above, or on an attachment with an address.

SIGNATURE: Matthew F. Molloy — 3/10/95 — 508 528-3396
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0483823 FTI