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

APPROVED

DOCUMENT # J65837 (3)

1. Corporate Name
POLK COUNTY (FLA.) THIS END UP, INC.

Principal Place of Business
1309 EXCHANGE ALLEY
RICHMOND VA 23219

Mailing Address
1309 EXCHANGE ALLEY
RICHMOND VA 23219

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1987
3a. Date of Last Report: 05/01/1994

2. Prin. Place of Business — 21
2a. Mailing Address — 26
Suite Apt. # or — 22
Suite Apt. # or — 27
City & State — 23
City & State — 28
Zip — 24 — 25
Zip — 29 — 30

4. FEI Number: 54-1412504 — 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. Does any officer or director listed not provide for under S. 607.0505 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
UNITED STATES CORPORATION COMPANY
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301

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 607.0505 and 607.1008 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

12. OFFICERS AND DIRECTORS

TITLE	D	TITLE	☐ Change ☐ Add/Del
NAME	~~QURAESHI, SHAHID~~	1/NAME	
STREET ADDRESS	~~ONE THEALL ROAD~~	1/STREET ADDRESS	
CITY, ST, ZIP	~~RYE NY~~	1/CITY, ST, ZIP	
TITLE	D	TITLE	☐ Change ☐ Add/Del
NAME	RICHARDS, ARTHUR V.	2/NAME	
STREET ADDRESS	ONE THEALL ROAD	2/STREET ADDRESS	
CITY, ST, ZIP	RYE NY	2/CITY, ST, ZIP	
TITLE	DP	TITLE	Kemery, Robert ☐ Change ☐ Add/Del
NAME	~~MCELHINNEY, DOUGLAS H.~~	3/NAME	
STREET ADDRESS	1309 EXCHANGE ALLEY	3/STREET ADDRESS	
CITY, ST, ZIP	RICHMOND VA	3/CITY, ST, ZIP	
TITLE	V	TITLE	☐ Change ☐ Add/Del
NAME	THOMAS, JEFFREY L.	4/NAME	
STREET ADDRESS	1309 EXCHANGE ALLEY	4/STREET ADDRESS	
CITY, ST, ZIP	RICHMOND VA	4/CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Add/Del
NAME		5/NAME	
STREET ADDRESS		5/STREET ADDRESS	
CITY, ST, ZIP		5/CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Add/Del
NAME		6/NAME	
STREET ADDRESS		6/STREET ADDRESS	
CITY, ST, ZIP		6/CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (Continued)

14. I hereby certify that the information supplied with this report is accurate, complete and does not omit, for the purpose of misleading, any material fact required to be stated in this report. I further certify that the officers or directors listed on the annual report or supplemental annual report is true and correct and that the 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 the report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attachment with an asterisk.

SIGNATURE: VP
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 — 804 694 1246

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