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 AND FILED
95 MAY 12 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K38297 (3)

1. Corporation Name
KEMIRON INC.

Principal Place of Business	Mailing Address
316 BARTOW AIRPORT BARTOW FL 33830	316 BARTOW AIRPORT BARTOW FL 33830

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/12/1988
3a. Date of Last Report: 05/31/1994

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) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 23-2559926 ☐ 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

GREEN, STEVEN A
1518 CUMBERLAND CT EAST
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name: Daniel L. Britt
82 Street Address (P.O. Box Number is Not Acceptable): 316 Bartow Municipal Airport
83: Bartow, Florida 33830
84 City: Bartow FL 85 Zip Code: 33830

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: Daniel L Britt 5/10/95
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	P	1.1 TITLE	600001450088
NAME	HJERSTED, LAWRENCE N.	1.2 NAME	-05/17/95 --01025--008
STREET ADDRESS	1848 MAHAFFEY CIR.	1.3 STREET ADDRESS	****225.00 ****225.00
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☒ Change ☐ Addition
NAME	UNANUE, GEORGE	2.2 NAME	Director
STREET ADDRESS	10214 CONNECHUSETT	2.3 STREET ADDRESS	Bob Schrieber
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	271 Wolfer Drive St. Louis, Mo 63026
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	MATTEO, JERRY	3.2 NAME	Director
STREET ADDRESS	1849 MAHAFFEY CIR.	3.3 STREET ADDRESS	Norman Hjersted
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	706 Massachusetts Lawrence, KS 66044
TITLE		4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	Director
STREET ADDRESS		4.3 STREET ADDRESS	Hugo Brandstetter
CITY-ST-ZIP		4.4 CITY-ST-ZIP	1800 N. Clark Chicago, IL 60614
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 if changed, or on an attachment with an address.

SIGNATURE: Lawrence N. Hjersted 5/10/95 813-533-5990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Lawrence N. Hjersted, Pres./Chairman

0447706 FP