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 MAY -1 AM 9:19

DOCUMENT # K67126 (8)

1. Corporation Name
PRO-C, INCORPORATED

Principal Place of Business	Mailing Address
5700 NW CENTRAL STE 200 HOUSTON TX 77092	5700 NW CENTRAL STE 200 HOUSTON TX 77092

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1989	3a. Date of Last Report: 08/25/1994
2. Principal Place of Business: 21 312 DANUBE AVENUE	2a. Mailing Address: 26 312 DANUBE AVENUE
Suite, Apt. #, etc: 22 APT 204	Suite, Apt. #, etc: 27 APT 204
City & State: 23 TAMPA FLORIDA	City & State: 28 TAMPA FLORIDA
Zip: 24 33606 Country: 25 USA	Zip: 29 33606 Country: 30 USA
4. FEI Number: 59-2939469 ☐ 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324	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	PD	11 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, DAVID	12 NAME	
STREET ADDRESS	709 GLASGOW ST	13 STREET ADDRESS	
CITY ST ZIP	KITCHENER, ONT., CANADA	14 CITY ST ZIP	
TITLE	EVD	21 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, CLAIRE	22 NAME	
STREET ADDRESS	709 GLASGOW ST	23 STREET ADDRESS	
CITY ST ZIP	KITCHENER, ONT., CANADA	24 CITY ST ZIP	
TITLE	~~VD~~	31 TITLE	☒ Change ☐ Addition
NAME	~~FORTIER, CHUCK~~	32 NAME	
STREET ADDRESS	~~5700 NW CENTRAL STE 200~~	33 STREET ADDRESS	DELETE
CITY ST ZIP	~~HOUSTON TX~~	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	REMITTED BY MAY 1
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 no attachment with an address.

SIGNATURE: Claire Johnson CLAIRE JOHNSON 20TH APRIL 1995 519 725 5143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0472003 FP