

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

05 APR 28 PM 3:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L18470 (9)

1. Corporation Name

THE HEADQUARTERS BUILDING CORPORATION

Principal Place of Business

**% C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324**

Mailing Address

**% C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/26/1989

3a. Date of Last Report
05/31/1994

4. FEI Number
65-0173451

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

2. Principal Place of Business

21 **1200 SOUTH PINE ISLAND RD.**

Suite, Apt. #, etc.

22 **PLANTATION FL**

City & State

23 **33324**

Zip

Country

2a. Mailing Address

26 **GRAND MET. TAX DEPT**

Suite, Apt. #, etc.

27 **200 SOUTH 6th ST., 1813**

City & State

28 **MINNEAPOLIS MN**

Zip

29 **55402**

Country

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND RD

83

84 City **PLANTATION**

FL

85 Zip Code
33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 mandating

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
LUTTHANS, KIM E.
1209 ORANGE STREET
WILMINGTON DE**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**DSV
HORNE, A.M.
1209 ORANGE STREET
WILMINGTON DE**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**DP
FERRUCCI, M.A.
1209 ORANGE STREET
WILMINGTON DE**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**VTS
LUTTHANS, KIM E
1209 ORANGE STREET
WILMINGTON DE**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/24/95 (612) 330-5186