**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/2/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT 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 JUL 24 AM 11:11

DOCUMENT # **L20248** **(5)**

1. Corporation Name
**CHAMBRO, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O DEBES CORPORATION<br>~~6122 MULFORD VILLAGE DR.~~ 6180 E. STATE<br>ROCKFORD IL ~~61107~~ 61108<br>US | C/O DEBES CORPORATION<br>~~6122 MULFORD VILLAGE DR.~~ 6180 E. STATE ST<br>ROCKFORD IL ~~61107~~ 61108<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1989
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business
21: C/O DEBES CORPORATION
Suite, Apt. #, etc. 22: 6180 E STATE ST
City & State 23: ROCKFORD IL
Zip 24: 61108 Country 25: US

2a. Mailing Address
26: C/O DEBES CORPORATION
Suite, Apt. #, etc. 27: 6180 E STATE ST
City & State 28: ROCKFORD, IL
Zip 29: 61108 Country 30: US

4. FEI Number: 36-3676548 ☐ 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 total assets under $ 100,000 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~SPOTTSWOOD, JOHN M., JR~~
~~500 FLEMING STREET~~
~~KEY WEST FL 33040~~

10. Name and Address of New Registered Agent

81 Name: James T. Hendrick
82 Street Address (P.O. Box Number is Not Acceptable): 317 Whitehead Street
83:
84 City: Key West FL 85 Zip Code: 33040

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] (Signature, Typed or printed name of registered agent and the capacity) DATE: 7/17/95 (Registered Agent signature required when mandated)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | DP<br>DEBES, CHERYL L<br>~~6122 MULFORD VILLAGE DR~~<br>~~ROCKFORD ILL~~ | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP | | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | DV WARNKE, RICHARD<br>~~WHALEN, DAVID M.~~<br>~~6122 MULFORD VILLAGE DR~~<br>~~ROCKFORD ILL~~ | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP | DV<br>WARNKE, RICHARD<br>6180 E. STATE ST<br>ROCKFORD IL 61108 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | STD<br>PETERSON, BARBARA A.<br>~~6122 MULFORD VILLAGE DR~~<br>~~ROCKFORD ILL~~ | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP | 6180 E. STATE ST<br>ROCKFORD IL 61108 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | DV<br>CORONADO, SUSAN<br>6180 E. STATE ST.<br>ROCKFORD, IL 61108 | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP | DV<br>CORONADO, SUSAN<br>6180 E. STATE ST.<br>ROCKFORD, IL 61108 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP | | ☐ Change ☐ Addition |

CR2E034 (3/95)

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: [signature] 6-22-95 Date 915/229-1848 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARBARA PETERSON

0102105 FN