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 -1 AM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **M99924** **(6)**

1. Corporation Name

PALM CITY ORDNANCE, INC.

Principal Place of Business	Mailing Address
3681 FOWLER STREET FT. MYERS FL 33901	3681 FOWLER STREET FT. MYERS FL 33901

3. Date Incorporated or Qualified: **09/23/1988**
3a. Date of Last Report: **08/15/1994**
4. FEI Number: **65-0073667** ☐ 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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

LEVY, KIM
2110 CLEVELAND AVE
FORT MYERS FL 33901

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 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

12. OFFICERS AND DIRECTORS

TITLE	DVT
NAME	LEWIS, ROBERT
STREET ADDRESS	3681 FOWLER ST.
CITY-ST-ZIP	FT. MYERS FL
TITLE	M
NAME	LEWIS, JANA
STREET ADDRESS	3681 FOWLER ST
CITY-ST-ZIP	FT MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 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: Jana Lewis Manager — 4-30-95 — 813 278 1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone

0310783 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

TALLAHASSEE, FLORIDA

DOCUMENT # P00362 (4)

1. Corporate Name

CONCORD MANAGEMENT SYSTEMS, INC.

Principal Place of Business	Mailing Address
320 NEVADA ST NEWTONVILLE MA 02160	320 NEVADA ST NEWTONVILLE MA 02160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/21/1983	07/05/1994

4. FEI Number: 56-1228565 — 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, 22, 23, 24, 25

2a. Mailing Address — 26, 27, 28, 29, 30

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 617.0502, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	President ☒ Change ☐ Addition
NAME	SADLER, STEPHEN J.	NAME	
STREET ADDRESS	6 SILVERGROVE	STREET ADDRESS	
CITY-ST-ZIP	WILLOWDALE, ONT., CANADA M2L -2N6	CITY-ST-ZIP	
TITLE	VSD	TITLE	Vice President ☒ Change ☐ Addition
NAME	ISENBERG, SHELLEY R.	NAME	
STREET ADDRESS	10 DU MAURIER CRESCENT	STREET ADDRESS	
CITY-ST-ZIP	RICHMOND HILL, ONT., CANADA L4S -1G7	CITY-ST-ZIP	
TITLE	VTD	TITLE	Treasurer ☒ Change ☐ Addition
NAME	SCOTT, DAVID G.B.	NAME	
STREET ADDRESS	53 LAMBETH RD	STREET ADDRESS	
CITY-ST-ZIP	ETOBIOKE, ONT., CANADA M9A -2Y8	CITY-ST-ZIP	
TITLE	AT	TITLE	☐ Change ☐ Addition
NAME	HOPKINS, THOMAS J.	NAME	
STREET ADDRESS	503 CUSHMAN RD	STREET ADDRESS	
CITY-ST-ZIP	N ATTLEBORO MA	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	WEBSTER, DONALD C.	NAME	
STREET ADDRESS	129 DUNVEGAN	STREET ADDRESS	
CITY-ST-ZIP	TORANTO, ONT., CANADA	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: Thomas J. Hopkins — 4/28/95 — 617 965-6310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Thomas J. Hopkins

0476222 FP