**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $300)**

NONPROFIT CORPORATION ANNUAL REPORT

**1995**

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

APPROVED AND FILED

95 JUL -3 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00901** **(1)**

1. Corporation Name

**COMMERCIAL SPECIFIERS INTERNATIONAL, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 116 RIDGELAND PLZ<br>RIDGELAND MS 39157<br>US | 116 RIDGELAND PLZ<br>RIDGELAND MS 39157<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/09/1984**
3a. Date of Last Report: **02/14/1994**
4. FEI Number: **65-0136471** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has solely for charitable purposes 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**

MIAMI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DR.
STE. 700
MIAMI FL 33126

**10. Name and Address of New Registered Agent**

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, type or print name of registered agent and title if applicable) (If Registered Agent is a corporation, signature must be that of an officer)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | KAHN, COLEMAN | 12 NAME | |
| STREET ADDRESS | 116 RIDGELAND PLZ | 13 STREET ADDRESS | |
| CITY ST ZIP | RIDGELAND MS | 14 CITY ST ZIP | |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | BENTLEY, STEVE | 22 NAME | |
| STREET ADDRESS | 108 PARK DR. | 23 STREET ADDRESS | |
| CITY ST ZIP | MONTGOMERYVILLE PA | 24 CITY ST ZIP | |
| TITLE | P | 31 TITLE | ☐ Change ☐ Addition |
| NAME | WILSON, CHARLES E. | 32 NAME | |
| STREET ADDRESS | 108 PARK DR. | 33 STREET ADDRESS | |
| CITY ST ZIP | MONTGOMERYVILLE PA | 34 CITY ST ZIP | |
| TITLE | T | 41 TITLE | ☐ Change ☐ Addition |
| NAME | CROSWELL, BILL | 42 NAME | |
| STREET ADDRESS | 116 RIDGELAND PLZ | 43 STREET ADDRESS | |
| CITY ST ZIP | RIDGELAND MS | 44 CITY ST ZIP | |
| TITLE | SD | 51 TITLE | ☐ Change ☐ Addition |
| NAME | DANIELS, KEN | 52 NAME | |
| STREET ADDRESS | 108 PARK DR. | 53 STREET ADDRESS | |
| CITY ST ZIP | MONTGOMERYVILLE PA | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

CR2E037 (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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

**SIGNATURE:** Wm W Croswell, Treas 6/15/94 601-856-8861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

031A30