2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 MAY -9 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31630

1. Entity Name

USS TRENTON (CL-11) REUNION, INCORPORATED

Principal Place of Business	Mailing Address
% WILLIAM H. GRANT, III 859 PARK AVENUE, SUITE 104 ORANGE PARK FL 32073	% WILLIAM H. GRANT, III 859 PARK AVENUE, SUITE 104 ORANGE PARK FL 32073-4151

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04/20/2000 90068 019 -61-2

4. FEI Number 59-2943388 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRANT (WILLIAM H.), III 859 PARK AVENUE SUITE 104 ORANGE PARK FL 32073	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME BALFOUR, JAY STREET ADDRESS P. O. BOX 87038 CITY-ST-ZIP VANCOUVER WA 98687	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME CURTIN, EDMUND B. STREET ADDRESS 1713 DEWITT AVE CITY-ST-ZIP CAPITOL HILLS HEIGHTS MD 20743	☒ Delete	TITLE NAME ~~MICHAEL GENTILE WAS ELECTED AUGUST 13 1999~~ STREET ADDRESS ~~DIED SUDDEN HEART ATTACK~~ CITY-ST-ZIP ~~SEPT 25 1999~~	☒ Change ☐ Addition
TITLE P NAME MORTON, F.L. STREET ADDRESS 1416 FOURTH STREET CITY-ST-ZIP WEST OKOBOJI IA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME BALFOUR, SUE Gyneth STREET ADDRESS P.O. BOX 87038 CITY-ST-ZIP VANCOVER WA 98687	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DT NAME SPENCER, FRANK O. STREET ADDRESS 3403 LEES AVE CITY-ST-ZIP LONG BCH CA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME Jones, Harold D. STREET ADDRESS Box 535 CITY-ST-ZIP LA Center, Ky 42056	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gyneth V. Balfour SUE S — 3 April 2000 — (360) 254-4439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/99)