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FILED

Mar 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N36223 (8)**

1. Corporation Name

COALITION OF MILITARY DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

C/O JAMES N.JULIANA ASSOC.
1899 L STREET
WASHINGTON DC 20036
USC/O JAMES N.JULIANA ASSOC.
1899 L STREET
WASHINGTON DC 20036-3804
US3. Date Incorporated or Qualified
01/22/19903a. Date of Last Report
03/07/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**4. FEI Number
59-2977277Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUELSBECK, HARRY
4150 WEST BLOUNT STREET
PENSACOLA FL 32505**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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☐ DELETE
NAME **JILLSON, JIM**
STREET ADDRESS **9990 EMPIRE ST., SUITE 100**
CITY-ST-ZIP **SAN DIEGO CA**1.1 TITLE **SD** ☒ Change ☐ Addition
1.2 NAME **Kositzke, Dan**
1.3 STREET ADDRESS **11095 Viking Drive**
1.4 CITY-ST-ZIP **Eden Prairie, MN 55344**TITLE **D** ☐ DELETE
NAME **ECKERK, LARRY**
STREET ADDRESS **1300 LEBAUOU RD.**
CITY-ST-ZIP **COLLINGSVILLE IL 62234**2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME **Duffield, Jim**
2.3 STREET ADDRESS **1936 Bunting Ct.**
2.4 CITY-ST-ZIP **Edmond, OK 73034**TITLE **D** ☐ DELETE
NAME **HUELSBECK, HARRY**
STREET ADDRESS **4150 WEST BLOUNT ST.**
CITY-ST-ZIP **PEN FL 32505**3.1 TITLE **VPD** ☒ Change ☐ Addition
3.2 NAME **Huelsbeck, Harry**
3.3 STREET ADDRESS **4150 West Blount St.**
3.4 CITY-ST-ZIP **Pensacola, FL 32505**TITLE **PD** ☐ DELETE
NAME **RITCHIE, RON**
STREET ADDRESS **3801 WASHINGTON BLVD**
CITY-ST-ZIP **BALTIMORE MD**4.1 TITLE **TD** ☒ Change ☐ Addition
4.2 NAME **Butler, Bill**
4.3 STREET ADDRESS **9345 Santa Anita Avenue**
4.4 CITY-ST-ZIP **Rancho Cucamonga, CA 91730**TITLE **VB** ☐ DELETE
NAME **DOWNY, ROBERT S**
STREET ADDRESS **4954 SPACE CENTER DR**
CITY-ST-ZIP **SAN ANTONIO TX**5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **Downey, Robert**
5.3 STREET ADDRESS **4954 Space Center Drive**
5.4 CITY-ST-ZIP **San Antonio, TX**TITLE **CD** ☐ DELETE
NAME **JARED, JERRY**
STREET ADDRESS **3587 ARGONNE AVE**
CITY-ST-ZIP **NORFOLK VA 23509**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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/97

Date

612-996-7310

Daytime Phone # 0075192

CR2E037 (9/96)