FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000006107 (6)

1. Corporation Name
EMPLOYEE ACTION FORUM, INC.

Principal Place of Business	Mailing Address
1940 N. MONROE ST., SUITE 60 TALLAHASSEE FL 32399-0786	1940 N. MONROE ST., SUITE 60 TALLAHASSEE FL 32399-0786

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1994
3a. Date of Last Report:
4. FEI Number: 59-3290523 ☐ 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 ☐ $68.75 Supplemental Fee Not Required
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1940 N. MONROE ST., STE 60	26 1940 N. MONROE ST.
Suite, Apt. #, etc. 22 60	Suite, Apt. #, etc. 27 SUITE 60
City & State 23 TALLAHASSEE, FL	City & State 28 TALLAHASSEE, FL
Zip / Country 24 32399-0786 / 25 LEON	Zip / Country 29 32399-0786 / 30 LEON

9. Name and Address of Current Registered Agent

NEWMAN, PETER
5528 WESTVIEW LANE
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent

31 Name: SAME
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City: FL 35 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: Peter Newman DATE: 4/28/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRPERSON D CHRISTINA WILLIAMS 1940 N. MONROE STREET, BPR - TESTING TALLAHASSEE, FL 32399	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition SERVICE OFFICER D PETER NEWMAN 5528 WESTVIEW LANE TALLAHASSEE, FL 32310
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-CHAIR D JEFF DYKES - AB&T 725 SOUTH BRONOUGH STREET TALLAHASSEE, FL 32399	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition Board Member D BELINDA SNYDER - BPR 233 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY D MISSY RUDD, TRAINING - BPR 1940 N. MONROE STREET TALLAHASSEE, FL 32399-0786	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER D MICHELLE FRANCKHAUSER - BPR 1940 N. MONROE STREET TALLAHASSEE, FL 32399-0786	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOARD MEMBER D TRACI BYRNE - TECHNOLOGY (BPR) 1940 N. MONROE STREET TALLAHASSEE, FL 32399	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition REMITTED BY MAY 1
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOARD MEMBER D JUNE HALLIGAN, BPR (AB&T) 319 WEST MADISON STREET TALLAHASSEE, FL 32399	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition DM 4/29

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 if changed, or on an attachment with an address.

SIGNATURE: Peter Newman 4/28/95 Daytime Phone # 1-850 521 9761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
Peter Newman

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