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 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00446 (5)

1. Corporation Name

DUFF-NORTON COMPANY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O SPRECKELS INDUSTRIES, INC. 4234 HACIENDA DR. PLEASANTON CA 94588-2719	C/O SPRECKELS INDUSTRIES, INC. 4234 HACIENDA DR. PLEASANTON CA 94588-2719

3. Date Incorporated or Qualified: 12/29/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 71-0585582 ☐ 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. 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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
900001498659
-05/24/95--01092--017
83 ****130.00 ****130.00
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 _____ DATE
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	CEO	11 TITLE	CEO, C.D	XX Change ☐ Addition
NAME	LAMBERTH, GEORGE A.	12 NAME	BROWN, BART A.	
STREET ADDRESS	4234 HACIENDA DR.	13 STREET ADDRESS	4234 HACIENDA DR.	
CITY-ST-ZIP	PLEASANTON CA	14 CITY-ST-ZIP	PLEASANTON CA	
TITLE	TD	21 TITLE		☐ Change ☐ Addition
NAME	ROOF, DONALD C	22 NAME		
STREET ADDRESS	4234 HACIENDA DR.	23 STREET ADDRESS		
CITY-ST-ZIP	PLEASANTON CA	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	S	☒ Change ☐ Addition
NAME	SCHMALZ, ROBERT L.	32 NAME	SCHMALZ, ROBERT L.	
STREET ADDRESS	4234 HACIENDA DR.	33 STREET ADDRESS	4234 HACIENDA DR.	
CITY-ST-ZIP	PLEASANTON CA	34 CITY-ST-ZIP	PLEASANTON, CA	
TITLE	P	41 TITLE	P,D	☒ Change ☐ Addition
NAME	BOYD, JAMES E.	42 NAME	BOYD, JAMES E.	
STREET ADDRESS	9415 PIONEER DR.	43 STREET ADDRESS	9415 PIONEER	
CITY-ST-ZIP	CHARLOTTE NC	44 CITY-ST-ZIP	CHARLOTTE, NC	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP	5/1/95 MST	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP	REMITTED BY MAY 1	

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: Donald C. Roof — DONALD C. ROOF — 4/28/95 — (510) 460-0840
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0076007