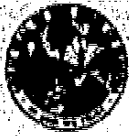


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02934 (8)

1. Corporation Name

BENTLY NEVADA CORPORATION

Principal Place of Business

**1617 WATER STREET
PO BOX 157
MINDEN NV 89423**

Mailing Address

**1617 WATER STREET
PO BOX 157
MINDEN NV 89423**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/06/1984

3a. Date of Last Report

05/01/1994

4. FEI Number

88-0088854

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**

9. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

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)

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	BENTLY, DONALD
STREET ADDRESS	1617 WATER ST.
CITY-ST-ZIP	MINDEN NV
TITLE	VP
NAME	CASE, RAYMOND J.
STREET ADDRESS	3 UTE CT
CITY-ST-ZIP	ZEPHYR COVE NV
TITLE	VP
NAME	BIGGS, DAVID H.
STREET ADDRESS	896 BOLLEN CIR.
CITY-ST-ZIP	GARDNERVILLE NV
TITLE	SD
NAME	SHAW, WILLIAM J.
STREET ADDRESS	1625 HWY 395
CITY-ST-ZIP	MINDEN NE NV
TITLE	D
NAME	SCHROEDER, DONALD W.
STREET ADDRESS	58 PATRICIA
CITY-ST-ZIP	ATHERTON CA
TITLE	D
NAME	FREE, LEDGER D.
STREET ADDRESS	970 MONTE ROSA DRIVE
CITY-ST-ZIP	MENLO PARK CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	☐ Change ☒ Addition
1.2 NAME	Christopher P. Bently	
1.3 STREET ADDRESS	66 Prospect Avenue	
1.4 CITY-ST-ZIP	Sausalito, Ca 94965	
2.1 TITLE	VP and Director	☒ Change ☐ Addition
2.2 NAME	CASE, RAYMOND J.	
2.3 STREET ADDRESS	correct as is	
2.4 CITY-ST-ZIP		
3.1 TITLE	Roger G. Harker	☐ Change ☒ Addition
3.2 NAME	President and Director	
3.3 STREET ADDRESS	1629 Belarra	
3.4 CITY-ST-ZIP	Minden, NV 89420 89423	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 607, 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

R.J. Case, VP Finance 4/27/95 702 782-9255

Date

Signature Number