

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P02934 (8)

1. Corporation Name

BENTLY NEVADA CORPORATION



Principal Place of Business

Mailing Address

1617 WATER STREET
PO BOX 157
MINDEN NV 89423

1617 WATER STREET
PO BOX 157
MINDEN NV 89423

3. Date Incorporated or Qualified
08/06/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country
24 25

28 Zip Country
29 30

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

8. 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

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

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 607.0507 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, type or print name of registered agent and title (if applicable)

(If OFF: Registered Agent signature required when resigning)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEOD
BENTLY, DONALD
1617 WATER ST.
MINDEN NV

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
CASE, RAYMOND J.
3 UTE CT
ZEPHYR COVE NV

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
BIGGS, DAVID H.
898 BOLLEN CIR.
GARDNERVILLE NV

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
SHAW, WILLIAM J.
1625 HWY 395
MINDEN NJ

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SCHROEDER, DONALD W.
56 PATRICIA
ATHERTON CA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
FREE, LEDGER D.
970 MONTE ROSA DRIVE
MENLO PARK CA

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY - ST - ZIP

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY - ST - ZIP

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY - ST - ZIP

14.1 TITLE
14.2 NAME
14.3 STREET ADDRESS
14.4 CITY - ST - ZIP

15.1 TITLE
15.2 NAME
15.3 STREET ADDRESS
15.4 CITY - ST - ZIP

16.1 TITLE
16.2 NAME
16.3 STREET ADDRESS
16.4 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 119.07(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 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

R.J. Case, VP Finance 7/11/96 702 782-9255

DATE

DATE OF FILING

CR2E034 (3/96)