SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $270)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:26

DOCUMENT # **P07035** **(9)**

1. Corporation Name

INVENTORY LOCATOR SERVICE, INC.

Principal Place of Business	Mailing Address
3605 MENDENHALL RD. MEMPHIS TN 38115 US	2055 DIPLOMAT DR. DALLAS TX 75234 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/08/1995**
3a. Date of Last Report: **06/08/1994**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip / Country
24: 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip / Country
29: 30:

4. FEI Number: **62-1065847** ☐ 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

HERRON, JAMES M.
3600 N.W. 82ND AVENUE
MIAMI FL 33166

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 Section 607.0502 and 607.1008, 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
(Typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when changing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	BURNS, M. ANTHONY	12 NAME	
STREET ADDRESS	2055 DIPLOMAT DR.	13 STREET ADDRESS	
CITY ST ZIP	DALLAS TX	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, ERIC E.	22 NAME	
STREET ADDRESS	2055 DIPLOMAT DR.	23 STREET ADDRESS	
CITY ST ZIP	DALLAS TX	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	BROWN, MINA	32 NAME	
STREET ADDRESS	2055 DIPLOMAT DR.	33 STREET ADDRESS	
CITY ST ZIP	DALLAS TX	34 CITY ST ZIP	
TITLE	VS	41 TITLE	☐ Change ☐ Addition
NAME	MURPHY,JEFFREY J.	42 NAME	
STREET ADDRESS	2055 DIPLOMAT DR.	43 STREET ADDRESS	
CITY ST ZIP	DALLAS TX	44 CITY ST ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	KIEHNLE, ROBERT	52 NAME	
STREET ADDRESS	2055 DIPLOMAT DR.	53 STREET ADDRESS	
CITY ST ZIP	DALLAS TX	54 CITY ST ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	DOBBS, JAMES E.	62 NAME	
STREET ADDRESS	2055 DIPLOMAT DR.	63 STREET ADDRESS	
CITY ST ZIP	DALLAS TX	64 CITY ST ZIP	

CR2E034 (3/95)

14. I (We) 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added above.

SIGNATURE: Mina Brown Mina Brown 6/19/95 (214) 406-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0170070 PP