FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 -1 AM 10:04

DOCUMENT # **P07714** **(9)**

1. Corporation Name

BENEFITS COMMUNICATION CORPORATION

Principal Place of Business	Mailing Address
8515 E. ORCHARD ROAD ENGLEWOOD CO 80111	8515 E. ORCHARD ROAD ENGLEWOOD CO 80111

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/11/1985	09/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	84-0993822	Applied For / Not Applicable
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	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 607.0502 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 of new registered agent, if changing) (Name of Registered Agent, typed or printed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	SELLER, GREGG E.	12 NAME		
STREET ADDRESS	3699 WILSHIRE BLVD, #675	13 STREET ADDRESS		
CITY ST ZIP	LOS ANGELES CA 90010	14 CITY ST ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	SHAW, ROBERT K	22 NAME		
STREET ADDRESS	8515 E. ORCHARD RD.	23 STREET ADDRESS		
CITY ST ZIP	ENGLEWOOD CO 80111	24 CITY ST ZIP		
TITLE	AS	31 TITLE		☐ Change ☐ Addition
NAME	BYRNE, BEVERLY A.	32 NAME		
STREET ADDRESS	8515 E. ORCHARD ROAD	33 STREET ADDRESS		
CITY ST ZIP	ENGLEWOOD CO	34 CITY ST ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	DERBACK, GLEN R.	42 NAME		
STREET ADDRESS	8515 E. ORCHARD ROAD	43 STREET ADDRESS		
CITY ST ZIP	ENGLEWOOD CO	44 CITY ST ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	BAKER, JACK	52 NAME		
STREET ADDRESS	8515 E ORCHARD RD	53 STREET ADDRESS		
CITY ST ZIP	ENGLEWOOD CO	54 CITY ST ZIP		
TITLE	DP	61 TITLE		☒ Change ☐ Addition
NAME	BOND, BOB	62 NAME	Nelson, Charles	
STREET ADDRESS	8515 E. ORCHARD ROAD	63 STREET ADDRESS		
CITY ST ZIP	ENGLEWOOD CO 80111	64 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)(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 on an attachment with an address.

SIGNATURE: G. R. Derback Glen R. Derback May 31, 1995 (303)689-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CORPORATION ANNUAL REPORT **1995**

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

FILED - STATE

DOCUMENT # **P11082** **(5)**

1. Corporation Name

R.J. MACHINERY SALES CO.

Principal Place of Business	Mailing Address
7790 LAS PALMAS WAY JACKSONVILLE FL 32256-0224	7790 LAS PALMAS WAY JACKSONVILLE FL 32256-0224

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/12/1986**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: **36-2444149**	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / County 25	Zip 29 / County 30	8. This corporation has qualify for a 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
NORDBY, RICHARD J. **7790 LAS PALMAS WAY** **JACKSONVILLE FL 32216**	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 _____ 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	**PTD**	11 TITLE	☐ Change ☐ Addition
NAME	**NORDBY, RICHARD J.**	12 NAME	
STREET ADDRESS	**7790 LAS PALMAS WAY**	13 STREET ADDRESS	
CITY-ST-ZIP	**JACKSONVILLE FL**	14 CITY-ST-ZIP	
TITLE	**VSD**	21 TITLE	☐ Change ☐ Addition
NAME	**NORDBY, MARY K.**	22 NAME	
STREET ADDRESS	**7790 LAS PALMAS WAY**	23 STREET ADDRESS	
CITY-ST-ZIP	**JACKSONVILLE FL**	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 on an attached sheet, with an address.

SIGNATURE: Richard J. Nordby 5-21-95 615-428-5388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040767 FP