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 MAY 31 AM 8:06

DOCUMENT # P08238 (8)

1. Corporation Name
GEONEX CORPORATION

Principal Place of Business	Mailing Address
150 2ND AVE N. 11TH FLOOR ST. PETERSBURG FL 33701	150 2ND AVE N. 11TH FLOOR ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1985
3a. Date of Last Report: 05/10/1994
4. FEI Number: 59-2632641 — 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

	2. Principal Place of Business		2a. Mailing Address
21	8950 9th ST N	26	8950 9th ST N
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State: ST. Petersburg FL	28	City & State: ST. Petersburg FL
24	Zip: 33702	29	Zip: 33702
25	Country	30	Country

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	1 1 TITLE	D ☑ Change ☐ Addition
NAME	FLYNN, F. HAROLD	1 2 NAME	Flynn Harold
STREET ADDRESS	150 2ND AVE N, 11TH FL	1 3 STREET ADDRESS	8950 9th ST N
CITY ST ZIP	ST. PETERSBURG FL 33701	1 4 CITY ST ZIP	ST. Petersburg FL 33702
TITLE	AS	2 1 TITLE	VP Finance ☑ Change ☐ Addition
NAME	MORTHAM, KAREN	2 2 NAME	Mortham, Karen
STREET ADDRESS	150 2ND AVE N, 11TH FL	2 3 STREET ADDRESS	8950 9th ST N
CITY ST ZIP	ST. PETERSBURG FL 33701	2 4 CITY ST ZIP	St. Petersburg FL 33702
TITLE	D	3 1 TITLE	same ☑ Change ☐ Addition
NAME	JEWETT, S. LESLIE	3 2 NAME	same
STREET ADDRESS	~~150 2ND AVE N, 11TH FL~~	3 3 STREET ADDRESS	8950 9th ST N
CITY ST ZIP	ST. PETERSBURG FL 33701	3 4 CITY ST ZIP	ST. Petersburg FL 33702
TITLE	VPD	4 1 TITLE	same ☑ Change ☐ Addition
NAME	REED, J. GARY	4 2 NAME	same
STREET ADDRESS	150 2ND AVE N, 11TH FL	4 3 STREET ADDRESS	8950 9th ST N
CITY ST ZIP	ST. PETERSBURG FL 33701	4 4 CITY ST ZIP	ST Petersburg FL 33702
TITLE	~~VPS~~	5 1 TITLE	D ☑ Change ☐ Addition
NAME	FLYNN, ~~JUDITH~~ C.	5 2 NAME	Judith Flynn
STREET ADDRESS	150 2ND AVE N, ~~11TH~~ FL	5 3 STREET ADDRESS	8950 9th ST N
CITY ST ZIP	ST. PETERBURG FL ~~33701~~	5 4 CITY ST ZIP	ST. Petersburg FL
TITLE		6 1 TITLE	Chapter 11 Trustee ☐ Change ☑ Addition
NAME		6 2 NAME	Lawrence Oppel
STREET ADDRESS		6 3 STREET ADDRESS	8950 9th ST N
CITY ST ZIP		6 4 CITY ST ZIP	ST. Petersburg FL 33702

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Karen Mortham KAREN MORTHAM, VP FINANCE 5-22-95 813-578-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0306603 CP