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

APPROVED AND FILED

95 APR 24 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P08293** **(3)**

1. Corporation Name

SI GULF, INC.

Principal Place of Business	Mailing Address
% SIBAG HOLDING CORP 1201 MARKET ST., SUITE 1402 WILMINGTON DE 19801	% SIBAG HOLDING CORP 1201 MARKET ST., SUITE 1402 WILMINGTON DE 19801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/05/1985**

3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business (21):

2a. Mailing Address (26):

Suite, Apt. #, etc. (22):

Suite, Apt. #, etc. (27):

City & State (23):

City & State (28):

Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **22-2666025** ☐ 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 607.0502 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	PD	11 TITLE		☐ Change ☐ Addition
NAME	MENHARD, HANS	12 NAME		
STREET ADDRESS	35 BOULDER BROOK RD	13 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT	14 CITY-ST-ZIP		
TITLE	VTD	21 TITLE		☐ Change ☐ Addition
NAME	MITTAG, JUERGEN	22 NAME		
STREET ADDRESS	33 EASTERN DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	ARDSLEY NY	24 CITY-ST-ZIP		
TITLE	C	31 TITLE	VC	☒ Change ☐ Addition
NAME	GISH, DENNIS	32 NAME		
STREET ADDRESS	21 ENSIGN LANE	33 STREET ADDRESS		
CITY-ST-ZIP	MASSAPEQUA NY	34 CITY-ST-ZIP		
TITLE	V	41 TITLE		☒ Change ☐ Addition
NAME	BLAKER, EILEEN	42 NAME		
STREET ADDRESS	40 CENTRAL PARK SOUTH	43 STREET ADDRESS	17 CHERRY TREE LANE	
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP	RIVERSIDE, CT	
TITLE	S	51 TITLE		☒ Change ☐ Addition
NAME	JERGAN, MITTAG	52 NAME	MITTAG, JUERGEN	
STREET ADDRESS	33 EASTERN DR.	53 STREET ADDRESS		
CITY-ST-ZIP	ARDSLEY NY	54 CITY-ST-ZIP		
TITLE	AS	61 TITLE		☒ Change ☐ Addition
NAME	GUNNER, JOHANSSON	62 NAME	JOHANSSON, GUNNAR	
STREET ADDRESS	51 WET MAIN ST	63 STREET ADDRESS	51 WEST MAIN ST	
CITY-ST-ZIP	BROOKSIDE NJ	64 CITY-ST-ZIP	BROOKSIDE NJ	

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: Dennis C. Gish Dennis C. Gish 1/24/95 (302)654-7660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Telephone Number)

0474001 FT