

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, UNPAID AMOUNT DUE TO REINSTATE: \$275)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:10

DOCUMENT # P11105

(4)

1. Corporation Name

SWIRE PACIFIC HOLDINGS INC.

Principal Place of Business

875 SOUTH WEST TEMPLE
SALT LAKE CITY UT 84101

Mailing Address

875 SOUTH WEST TEMPLE
SALT LAKE CITY UT 84101

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1986

3a. Date of Last Report

03/22/1994

2. Principal Place of Business

21 Sute, Apt. #, etc.

2a. Mailing Address

26 Sute, Apt. #, etc.

4. FEI Number

87-0424812

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

7. The corporation has liability for intangible tax under s. 190.012
Florida Statutes ☐ Yes ☐ No

24 Zip

25 Country

28 Zip

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

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 Registered Agent (if registered agent is not the corporation)

Signature of Registered Agent (signature required when registering)

(AT)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CONYBEARE, H. J.
STREET ADDRESS	SWIRE HOUSE
CITY, ST, ZIP	HONG KONG
TITLE	VD
NAME	TAYLOR, J. C
STREET ADDRESS	875 S.W. TEMPLE
CITY, ST, ZIP	SALT LAKE CITY UT
TITLE	D
NAME	DOXON, P.W.
STREET ADDRESS	SWIRE HOUSE
CITY, ST, ZIP	HONG KONG
TITLE	S
NAME	MOORE, BRADLEY C
STREET ADDRESS	875 S.W. TEMPLE
CITY, ST, ZIP	SALT LAKE CITY UT
TITLE	S
NAME	YU, MARGARET (ASST.)
STREET ADDRESS	SWIRE HOUSE
CITY, ST, ZIP	HONG KONG
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), Florida Statutes. I further certify that the information 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 13 of this report, or on an attachment with an address.

SIGNATURE:

Bradley C. Moore

6/22/95

(801) 530-5300

SIGNATURE AND PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Title

Telephone Number

CR2E034 (3/95)