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 MAY -1 AM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P11239** **(1)**

1. Corporation Name

DELTA-BENCO-CASCADE INC.

Principal Place of Business	Mailing Address
4560 FIELDGATE DRIVE MISSISSAUGA, ONTARIO CANADA L4W 3W6	4560 FIELDGATE DRIVE MISSISSAUGA, ONTARIO CANADA L4W 3W6

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/25/1986**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business	2a. Mailing Address
21 4560 EASTGATE PARKWAY	26 4560 EASTGATE PARKWAY
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MISSISSAUGA ONTARIO	City & State 28 MISSISSAUGA ONTARIO
Zip 24 L4W 3W6 Country 25 CANADA	Zip 29 L4W 3W6 Country 30 CANADA

4. FEI Number: **16-0899684** ☐ 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
TRIPLE CROWN ELECTRONICS CORPORATION 257 GOOLSBY BLVD. DEERFIELD BEACH FL 33442	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	EVANS, CHARLES	12 NAME	
STREET ADDRESS	4560 FIELDGATE DR.	13 STREET ADDRESS	4560 EASTGATE PARKWAY
CITY-ST-ZIP	CANADA	14 CITY-ST-ZIP	MISSISSAUGA ONTARIO CANADA
TITLE	VD	21 TITLE	☑ Change ☐ Addition
NAME	AYIOTIS, PHAEDON	22 NAME	
STREET ADDRESS	4560 FIELDGATE DR.	23 STREET ADDRESS	4560 EASTGATE PARKWAY
CITY-ST-ZIP	CANADA	24 CITY-ST-ZIP	MISSISSAUGA ONTARIO CANADA
TITLE	D	31 TITLE	☑ Change ☐ Addition
NAME	KLEOPA, ANDREAS	32 NAME	
STREET ADDRESS	4560 FIELDGATE DR.	33 STREET ADDRESS	4560 EASTGATE PARKWAY
CITY-ST-ZIP	CANADA	34 CITY-ST-ZIP	MISSISSAUGA ONTARIO CANADA
TITLE		41 TITLE	ST ☐ Change ☑ Addition
NAME		42 NAME	G. DWIGHT WALKER
STREET ADDRESS		43 STREET ADDRESS	4560 EASTGATE PARKWAY
CITY-ST-ZIP		44 CITY-ST-ZIP	MISSISSAUGA ONTARIO CANADA
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 attachment with an address.

SIGNATURE: G. Walker APRIL 5 95 905 629 1111

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

G. DWIGHT WALKER

0480340 IN