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 # **P14643** **(1)**

1. Corporation Name
SI GULF TWO, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/29/1987**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **22-2786094** ☐ 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 — 24
Country — 25
Zip — 29
Country — 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
C T CORPORATION SYSTEM 1200 SOUTH 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	C	11 TITLE	C, V	☒ Change ☐ Addition
NAME	GISH, DENNIS	12 NAME		
STREET ADDRESS	21 ENSIGN LANE	13 STREET ADDRESS		
CITY-ST-ZIP	MASSAPEQUA NY	14 CITY-ST-ZIP		
TITLE	DP	21 TITLE		☐ Change ☐ Addition
NAME	MENHARD, HANS	22 NAME		
STREET ADDRESS	35 BOULDER BROOK ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT	24 CITY-ST-ZIP		
TITLE	VT	31 TITLE		☐ Change ☐ Addition
NAME	MITTAG, JUERGEN	32 NAME		
STREET ADDRESS	33 EASTERN DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	ARDSLEY NY	34 CITY-ST-ZIP		
TITLE	S	41 TITLE		☒ Change ☐ Addition
NAME	MITTAG, JERGEN	42 NAME	Mittag Juergen	
STREET ADDRESS	33 EASTERN DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	ARDSLEY NY	44 CITY-ST-ZIP		
TITLE	V	51 TITLE		☒ Change ☐ Addition
NAME	BLAKER, EILEEN	52 NAME		
STREET ADDRESS	40 CENTRAL PARK SOUTH	53 STREET ADDRESS	17 Cherry Tree Lane	
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP	Riverside, CT	
TITLE	AS	61 TITLE		☒ Change ☐ Addition
NAME	JOHANSSON, GUNNER	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)(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: Dennis C Gish DENNIS C. GISH 1/24/95 (302)654-7660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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