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 23 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P16304** (8)

1. Corporation Name
CALCOMP INC.

Principal Place of Business
2411 W. LA PALMA AVENUE
ANAHEIM CA 92801-2610

Mailing Address
2411 W. LA PALMA AVENUE
ANAHEIM CA 92801-2610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 33-0249784 ☐ 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

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
(Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LONG, GARY R
STREET ADDRESS	2411 W LA PALMA AVE
CITY-ST-ZIP	ANAHEIM CA
TITLE	S
NAME	BARBER, WILLIAM L.
STREET ADDRESS	2411 W. LA PALMA AVENUE
CITY-ST-ZIP	ANAHEIM CA
TITLE	VP
NAME	BAESSLER, ERNEST J
STREET ADDRESS	2411 W LA PALMA AVE
CITY-ST-ZIP	ANAHEIM CA
TITLE	VP
NAME	FURNISS, R., CHARLES
STREET ADDRESS	2411 W LA PALMA AVE.
CITY-ST-ZIP	ANAHEIM CA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	VP	☒ Change ☐ Addition
4.2 NAME	Mark C. Lewis	
4.3 STREET ADDRESS	2411 W. LaPalma Ave.	
4.4 CITY-ST-ZIP	Anaheim, CA 92801	
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 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: Ernest J. Baessler — 4-26-95 — 714-821-2032

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

Ernest J. Baessler, Exec. V.P. Fin. & Adm.

0491738 FN

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DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P16886 **(4)**

1. Corporation Name
HTS, INC.

Principal Place of Business	Mailing Address
1701 WEST HILLSBORO BOULEVARD #400 DEERFIELD BEACH FL 33442	1701 WEST HILLSBORO BOULEVARD #400 DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified: **11/19/1987**	3a. Date of Last Report: **01/27/1994**
4. FEI Number: **06-1186012**	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 · Country 25	Zip 29 · Country 30

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 ______

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	1 TITLE	☐ Change ☐ Addition
NAME	CHAMBERLAIN, DAVID R.	1 NAME	
STREET ADDRESS	1701 W HILLSBORO BVL 400	1 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	1 CITY-ST-ZIP	
TITLE	VD	2 TITLE	☐ Change ☐ Addition
NAME	HARTE, HOUSTON H.	2 NAME	
STREET ADDRESS	200 CONCORD PLAZA #800	2 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	2 CITY-ST-ZIP	
TITLE	V	3 TITLE	☐ Change ☐ Addition
NAME	RITCHIE, RICHARD L	3 NAME	
STREET ADDRESS	200 CONCORD PL DR, #800	3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	3 CITY-ST-ZIP	
TITLE	VS	4 TITLE	☐ Change ☐ Addition
NAME	CREWS, DONALD R.	4 NAME	
STREET ADDRESS	200 CONCORD PLAZA #800	4 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	4 CITY-ST-ZIP	
TITLE	VD	5 TITLE	☐ Change ☐ Addition
NAME	FRANKLIN, LARRY D.	5 NAME	
STREET ADDRESS	200 CONCORD PLAZA #800	5 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	5 CITY-ST-ZIP	
TITLE	TAS	6 TITLE	☐ Change ☐ Addition
NAME	ORTIZ, FEDERICO	6 NAME	
STREET ADDRESS	200 CONCORD PLAZA #800	6 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	6 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)(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: [signature] David R. Chamberlain 5/15/95 (305)429-3771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

0266175 CF

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[illegible] 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P17089 (4)

1. Corporation Name
FRANK M. HALL & CO.

Principal Place of Business
5325 S. VALENTIA WAY. S-120
ENGLEWOOD CO 80111

Mailing Address
5325 S. VALENTIA WAY. S-120
ENGLEWOOD CO 80111

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1987
3a. Date of Last Report: 04/27/1994
4. FEI Number: 84-0681758 — 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 — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	☑ Change ☐ Addition
NAME	HALL, FRANK M.	NAME	
STREET ADDRESS	6455 E TUFTS AVE	STREET ADDRESS	6003 S. BELLAIRE WAY
CITY-ST-ZIP	ENGLEWOOD CO	CITY-ST-ZIP	80121
TITLE	SD	TITLE	☑ Change ☐ Addition
NAME	HALL, DIANNA K.	NAME	
STREET ADDRESS	6455 E TUFTS AVE	STREET ADDRESS	6003 S. BELLAIRE WAY
CITY-ST-ZIP	ENGLEWOOD CO	CITY-ST-ZIP	80121
TITLE	VP	TITLE	☑ Change ☐ Addition
NAME	MATTUCCI, ROBERT J.	NAME	
STREET ADDRESS	9605 S CHERRYVALE DR	STREET ADDRESS	
CITY-ST-ZIP	HIGHLANDS RANCH CO	CITY-ST-ZIP	80126
TITLE	~~V~~	TITLE	☑ Change ☐ Addition
NAME	~~FLEMING, ROB~~	NAME	Terminated
STREET ADDRESS	~~195 FAIRFIELD CIRCLE~~	STREET ADDRESS	
CITY-ST-ZIP	~~FAYETTEVILLE GA~~	CITY-ST-ZIP	
TITLE	T	TITLE	☑ Change ☐ Addition
NAME	FRANCIS, H. JAMES	NAME	
STREET ADDRESS	8360 WEBSTER	STREET ADDRESS	
CITY-ST-ZIP	ARVADA CO	CITY-ST-ZIP	80005
TITLE		TITLE	V P ☐ Change ☑ Addition
NAME		NAME	C. HARRISON HANKINS
STREET ADDRESS		STREET ADDRESS	7702 HAMPTON COVE
CITY-ST-ZIP		CITY-ST-ZIP	JONESBORO GA 30236

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: [signature] Treasurer - Jim Francis 5-17-95 (303) 694-0104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0479045 FP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P17248 (6)

1. Corporation Name
CHRYSLER CAPITAL REALTY INC.

Principal Place of Business
225 HIGH RIDGE RD
STAMFORD CT 06905

Mailing Address
225 HIGH RIDGE RD
STAMFORD CT 06905

3. Date Incorporated or Qualified: 12/16/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 06-1183978 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
2a. Mailing Address

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. The corporation has liability for intangible tax under s. 199 F.S. ☐ Yes ☐ No

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
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	S	
NAME	MEYER, FREDERICK R.	
STREET ADDRESS	8 GRAMMAR SCHOOL ROAD	
CITY-ST-ZIP	DANBURY CT	
TITLE	D	
NAME	TIERNEY, JOHN P.	
STREET ADDRESS	3688 QUAIL HOLLOW	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	
TITLE	D	
NAME	BISHOP, WILLIAM	
STREET ADDRESS	26 CEDAR DR. #1	
CITY-ST-ZIP	GREENWICH CT	
TITLE	SVP	
NAME	PETERSON, M. O.	
STREET ADDRESS	55 MARLBOROUGH RD	
CITY-ST-ZIP	NORTH HAVEN CT	
TITLE	V	
NAME	WISE, CARL L.	
STREET ADDRESS	601 ROXBURY RD.	
CITY-ST-ZIP	STAMFORD CT	
TITLE	AT	☑ Change: AT
NAME	~~BROWER, MARK P.~~	SIMMONS, RUBEN
STREET ADDRESS	225 HIGH RIDGE RD.	
CITY-ST-ZIP	STAMFORD CT	

14. I the undersigned 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: [signature] 5/12/95 203-975-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RUBEN SIMMONS

0000407 CP