

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 29 PM 4:10

DOCUMENT # P17955

(6)

1. Corporation Name

COURTESY LEASING, INC.

Principal Place of Business

**5755 CARMICHAEL PARKWAY
MONTGOMERY AL 36117**

Mailing Address

**5755 CARMICHAEL PARKWAY
MONTGOMERY AL 36117**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1988

3a. Date of Last Report

03/22/1994

4. FEI Number

63-0545936

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. **4141 Wall Street**

2a. Mailing Address

26. **P. O. Box 4308**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23. **Montgomery, AL**

City & State

28. **Montgomery, AL**

Zip

24. **36106**

Country

Zip

29. **36103-4308**

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

Signature: Type or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PARKER, R. FRANKLIN
STREET ADDRESS	5755 CARMICHAEL PKWY
CITY, ST, ZIP	MONTGOMERY AL
TITLE	STD
NAME	NOLAND, THOMAS F.
STREET ADDRESS	5755 CARMICHAEL PKWY
CITY, ST, ZIP	MONTGOMERY AL
TITLE	D
NAME	PARKER, EVELYN R.
STREET ADDRESS	5755 CARMICHAEL PKWY
CITY, ST, ZIP	MONTGOMERY AL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		☒ Change ☐ Addition
2. NAME	4141 Wall St.	
3. STREET ADDRESS	Montgomery, AL 36106	
4. CITY, ST, ZIP		
21. TITLE		☒ Change ☐ Addition
22. NAME	4141 Wall St.	
23. STREET ADDRESS	Montgomery, AL 36106	
24. CITY, ST, ZIP		
31. TITLE		☒ Change ☐ Addition
32. NAME	4141 Wall St.	
33. STREET ADDRESS	Montgomery, AL 36106	
34. CITY, ST, ZIP		
41. TITLE		☐ Change ☐ Addition
42. NAME		
43. STREET ADDRESS		
44. CITY, ST, ZIP		
51. TITLE		☐ Change ☐ Addition
52. NAME		
53. STREET ADDRESS		
54. CITY, ST, ZIP		
61. TITLE		☐ Change ☐ Addition
62. NAME		
63. STREET ADDRESS		
64. CITY, ST, ZIP		

14. I 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)(g), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. F. Noland, Sec. -Treas
334-244-1000

Date

Signature Printed Name

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra E. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 4:19

DOCUMENT # P18546

(2)

1. Corporation Name

A.B.T.S. INTERNATIONAL CORP.

Principal Place of Business

BERLIN BUSINESS PARK
432 KELLY DR.
BERLIN NJ 08009

Mailing Address

BERLIN BUSINESS PARK
432 KELLY DR.
BERLIN NJ 08009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1988

3a. Date of Last Report

03/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

22-2906215

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

Country

24

25

Zip

Country

29

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

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

Signature typed or printed name of registered agent and 1995 fee paid

(Signature typed or printed name of registered agent and 1995 fee paid)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
PTD
DALIA, DOMINIC A.
BERLIN BUS.PK.432 KELLEY
BERLIN NJ

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
AS
WEBB, BERTHA
BERLIN BUS.PK.432 KELLEY
BERLIN NJ

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
DALIA, DOMINIC A
BERLIN BUS.PK.432 KELLEY
BERLIN NJ

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
DALIA, MICHAEL
BERLIN BUS.PK.432 KELLEY
BERLIN NJ

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
WILKINS, STUART A
BERLIN BUS.PK.432 KELLEY
BERLIN NJ

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

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 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 transmit this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

Dominic A. Dalia
DOMINIC A. DALIA, PRESIDENT

3/24/95

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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 MAR 28 PM 6: 09

DOCUMENT # **P18684**

(1)

1. Corporation Name

S.C.I. SERVICES GROUP, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2370 PLEASANT HILL ROAD (301178538)
P.O. BOX 2099
CARROLLTON GA 30117-2099
US

3. Date Incorporated or Qualified **04/04/1988** 3a. Date of Last Report **02/07/1994**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **26** **P.O. Box 2099**

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
58-1263056

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

(Signature typed or printed name of registered agent and Secretary)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	SCHOENBERNER, ROBERT A.
STREET ADDRESS	80 EDGEWOOD DR.
CITY, ST, ZIP	CARROLLTON GA
TITLE	ST
NAME	CROWSON, P. S.
STREET ADDRESS	350 SUMMERLIN RD
CITY, ST, ZIP	FRANKLIN GA
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☒ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☒ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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 Sections 110.07(3)(d), 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:

P.S. Crowson **Secretary**

3/16/95

404-834-3491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 28 PM 3:56

DOCUMENT # P19162 (7)

1. Corporation Name

CLARIS CORPORATION

Principal Place of Business

**5201 PATRICK HENRY DR.
SANTA CLARA CA 95052-5168**

Mailing Address

**5201 PATRICK HENRY DR.
SANTA CLARA CA 95052-5168**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1988

3a. Date of Last Report

02/18/1994

4. FEI Number

68-0136717

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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

Signature, typed or printed name of registered agent and state of residence

Signature, typed or printed name of registered agent and state of residence

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	EILERS, DAN
STREET ADDRESS	1224 MIRAFLORES WAY
CITY, ST, ZIP	LOS ALTOS CA
TITLE	SV
NAME	GARVER, JEFFREY L
STREET ADDRESS	565 RICHMOND AVE
CITY, ST, ZIP	SAN JOSE CA
TITLE	TV
NAME	SELVI, ROBERT
STREET ADDRESS	1928 CAMPBELL AVE
CITY, ST, ZIP	SARATOGA CA
TITLE	VP
NAME	DYCKMAN, TERRY
STREET ADDRESS	5201 PATRICK HENRY DR OK
CITY, ST, ZIP	SANTA CLARA CA
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	VP
43 STREET ADDRESS	DYCKMAN, TERRY
44 CITY, ST, ZIP	5201 PATRICK HENRY DRIVE
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(3)(b), Florida Statutes. I further certify that the information reported 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D. Selvi

3/20/95

408 987-7479

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 4:18

DOCUMENT # P20303

(4)

1. Corporation Name

PRENTKE ROMICH COMPANY

Principal Place of Business

1022 HEYL RD.
WOOSTER OH 44691

Mailing Address

1022 HEYL RD.
WOOSTER OH 44691

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1988

3a. Date of Last Report

03/29/1994

4. FEI Number

34-1174227

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

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**VAN TATENHOVE, GAIL
8322 TANGELO TREE DRIVE
ORLANDO FL 32819**

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

Signature (typed or printed name of registered agent and title of applicant)

(If 301 Registered Agent separately required when terminating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	ROMICH, BARRY
STREET ADDRESS	1560 BURBANK RD.
CITY, ST, ZIP	WOOSTER OH
TITLE	PD
NAME	ROMICH, SHARON
STREET ADDRESS	1560 BURBANK RD.
CITY, ST, ZIP	WOOSTER OH
TITLE	AS
NAME	HUGHES, JAN
STREET ADDRESS	1265 OLD COLUMBUS RD.
CITY, ST, ZIP	WOOSTER OH
TITLE	T
NAME	DURBIN, JOSEPH
STREET ADDRESS	600 BUCHHOLZ
CITY, ST, ZIP	WOOSTER OH
TITLE	S
NAME	BROEHL, MARGO
STREET ADDRESS	105 W PINE
CITY, ST, ZIP	WOOSTER OH
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 119.07(3)(b), 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:

Jan Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan Hughes

3-13-95

Date

216-2162-1984

Signature Number

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P20539**

(3)

1. Corporation Name

BAZAR MANUFACTURING CO.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 5:36

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/18/1988	3a. Date of Last Report 03/22/1994
4. FEI Number 05-0201990	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. 952 CRANSTON STREET CRANSTON RI 02920		26. 952 CRANSTON STREET CRANSTON RI 02920	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.	
23. City & State		28. City & State	
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent

**BROWN, STEVEN
3234 N.E. 12TH AVE.
OAKLAND PARK FL 33334**

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

TITLE	PTD
NAME	BROWN, STEVEN
STREET ADDRESS	3500 GALT OCEAN DR.A310
CITY, ST, ZIP	FT. LAUDERDALE FL
TITLE	VSD
NAME	BROWN, MILDRED
STREET ADDRESS	3500 GALT OCEAN DR.A310
CITY, ST, ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 119.07(3)(b), 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 of this report, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/95 305-566-2310

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 28 PM 6:08

DOCUMENT # P20749

(8)

1. Corporation Name

ARROWSMITH CORPORATION

Principal Place of Business

**23811 TELEGRAPH ROAD
PO BOX 407
SOUTHFIELD MI 48037**

Mailing Address

**23811 TELEGRAPH ROAD
PO BOX 407
SOUTHFIELD MI 48037**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/02/1988

3a. Date of Last Report

04/06/1994

4. FEI Number

38-1906401

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

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**GREENBURY, DONALD B.
15250 CANONGATE DR.
FT. MYERS FL 33912**

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

Signature, typed or printed name of registered agent and title of corporation

(If 301. Registered Agent, signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS

**CD
NAME GREENBURY, DONALD B.
STREET ADDRESS 15250 CANONGATE DR
CITY- ST- ZIP FT MYERS FL**

**VD
NAME GREENBURY, MARIELLEN
STREET ADDRESS 15250 CANONGATE DR.
CITY- ST- ZIP FT MYERS FL**

**STD
NAME GREENBURY, DONNA
STREET ADDRESS 23811 TELEGRAPH RD
CITY- ST- ZIP SOUTHFIELD MI**

**AS
NAME HYDE, ALAN
STREET ADDRESS 23811 TELEGRAPH ROAD
CITY- ST- ZIP SOUTHFIELD MI**

**PD
NAME GREENBURY, KAY
STREET ADDRESS 23811 TELEGRAPH ROAD
CITY- ST- ZIP SOUTHFIELD MI**

**D
NAME KRAMER, MICHAEL
STREET ADDRESS 3000 TOWN CENTER S.1700
CITY- ST- ZIP SOUTHFIELD MI**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

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 Sections 110.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-95

**1-813
768-1658**

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

55 MAR 29 PM 4:09

DOCUMENT # P21776

(0)

1. Corporation Name

FORWARD MANAGEMENT, INC.

Principal Place of Business

**110 SOUTH BROOKS ST.
MADISON WI 53715**

Mailing Address

**110 SOUTH BROOKS ST.
MADISON WI 53715**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/16/1988

3a. Date of Last Report

03/29/1994

4. FEI Number

39-1620297

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEAVER, KATHY
4325 40TH STREET WEST
BRADENTON FL 34205**

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

(Signature, typed or printed name of registered agent and the filer)

(Signature, typed or printed name of registered agent and the filer)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
P
FARR, THOMAS G.
5805 MIMOSA PL.
ALBUQUERQUE NM

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
P
FARR, THOMAS G.
5 SANDHILL CIRCLE
PLACITAS, NM 87643
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
VS
SCHMIDT, DAN R.
7730 MAAS DR.
VERONA WI

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY, ST, ZIP
☐ Change ☐ Addition

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 included 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:

Dan R. Schmidt

Dan R. Schmidt

1-11-95 608 251-3517

(Signature and typed or printed name of signing officer or director)

(Date)

(Telephone Number)

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra G. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 29 PM 4:20

DOCUMENT # P23072

(2)

1. Corporation Name

CARPET DECORATORS, INC.

Principal Place of Business

**107 NORTH SECOND STREET
CENTRAL CITY KY 42330**

Mailing Address

**107 NORTH SECOND STREET
CENTRAL CITY KY 42330**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

61-1132142

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

2a. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

24

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITMER, LARRY
41 N. 20TH STREET
#15
HAINES CITY FL 33844**

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

(Print or type full name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	YOUNG, HAROLD
STREET ADDRESS	RT. 1
CITY, ST, ZIP	CENTRAL CITY KY
TITLE	VD
NAME	YOUNG, MARK
STREET ADDRESS	421 RESERVOIR AVE
CITY, ST, ZIP	CENTRAL CITY KY
TITLE	SD
NAME	YOUNG, CAROLYN
STREET ADDRESS	RT 1
CITY, ST, ZIP	CENTRAL CITY KY
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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)(b), 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 887, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Teresa Kirkpatrick - Teresa Kirkpatrick 3-24-95 502-754-5041

(Signature and Type of Printed Name of Signing Officer or Director)

(Date)

(Telephone Number)

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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 MAR 28 PM 6:13

DOCUMENT # P23629

(9)

1. Corporation Name

INTELLUTION, INC.

Principal Place of Business

ONE EDGEWATER DR
NORWOOD MA 02062
US

Mailing Address

ONE EDGEWATER DR
NORWOOD MA 02062
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1989

3a. Date of Last Report

03/29/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

04-2687556

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

(Signature typed or printed name of registered agent and the President)

(Signature typed or printed name of new registered agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PTD
RUBIN, STEPHEN E.
42 WINDING RIVER RD.
NEEDHAM MA

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
S PO
POMERANCE, JOHN R
18 WILDE RD.
WELLESLEY MA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
RUBIN, TRACY G.
142 WINDING RIVER RD.
NEEDHAM MA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
WOODSUM, STEPHEN J
CROMWELL POINT RD
HOLDERNESS NH

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
REINHALTER, EDMUND J.
34 MILES RIVER RD.
S. HAMILTON MA

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
CURTIS, JOHN H
9 PARMENTER RD
FRAMINGHAM MA

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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 13 of this report if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Stephen E. Rubin

3/21/95 (617) 769-8878

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 5:12

DOCUMENT # **P24583**

(7)

1. Corporation Name

WELCARE INTERNATIONAL, INCORPORATED

Principal Place of Business

**7000 CENTRAL PARKWAY SUITE 970
ATLANTA GA 30328**

Mailing Address

**7000 CENTRAL PARKWAY SUITE 970
ATLANTA GA 30328**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/01/1989

3a. Date of Last Report

03/22/1994

4. FEI Number

58-1839701

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

2a

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

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

(Signature subject or printed name of registered agent and State of approval)

(Date) Registered Agent (signature required) (State of registration)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**PTD
EATON, J. STEPHEN
7000 CENTRAL PKWY #970
ATLANTA GA**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**S
BENNETT, LISA
7000 CENTRAL PKWY #970
ATLANTA GA**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**VP
FOSHA, KENT C SR
7000 CENTRAL PARKWAY, STE 970
ATLANTA GA**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**VP
DAHL, ALAN C
7000 CENTRAL PARKWAY, STE. 970
ATLANTA GA**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**AS
QUIROS, PAUL A
1201 PEACHTREE ST., #2200
ATLANTA GA**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

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 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 the report as required by Chapter 887, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE:

Lisa A Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/95 (404) 698-9040
Date (Typed Name)

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 28 PM 5: 54

DOCUMENT # P25412 (8)

1. Corporation Name

ROGERSOL, INC.

Principal Place of Business

**5538 N. NORTHWEST HIGHWAY
CHICAGO IL 60630**

Mailing Address

**5538 N. NORTHWEST HIGHWAY
CHICAGO IL 60630**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1989

3a. Date of Last Report

04/18/1994

2. Principal Place of Business

21

2a. Mailing Address

2b

4. FEI Number

36-3494347

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PALMER, CHARLES
111 E. LAS OLAS BLVD
FT LAUDERDALE FL 33302**

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

(Signature space for printed name of registered agent and the corporation)

(Signature space for printed name of registered agent and the corporation)

(Signature space for printed name of registered agent and the corporation)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**PD
NICHOL, NORMAN
1021 DOVER CT
LIBERTYVILLE IL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**TD
PALMER, CHARLES
111 LAS OLAS BLVD
FT LAUDERDALE FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**V
ANDERSON, GARY
30W110 GLENHURST CT
WARRENVILLE IL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**S
DIDOMINICO, VICTORIA
8426 W CATALDA
CHICAGO IL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP
☐ Change ☐ Addition

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)(b), 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 addition.

SIGNATURE:

[Signature]

GARY A. ANDERSON

3-22-95

312-735-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 MAR 28 PM 5:43****DOCUMENT # P25808****(7)**

1. Corporation Name

PROGRAF, INC.

Principal Place of Business

Mailing Address

**2655 LEJEUNE RD., SUITE 909
CORAL GABLES FL 33134****2655 LEJEUNE RD., SUITE 909
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1989

3a. Date of Last Report

02/18/1994

4. FEI Number

65-0125247

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**2b**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLLE, DENNIS, J.
201 SO BISCAYNE BLVD
STE 1402
MIAMI FL 33131**

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

Signature (Typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when re-registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**PD
BAHRMANN, RALF
2655 LEJEUNE RD, #909
CORAL GABLES FL**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**SD
BOOTH, PETER
2655 LEJEUNE RD, #909
CORAL GABLES FL**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change☐ Addition

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

PETER BOOTH**MARCH 24, 1995 305-442-9574**

Date

Telephone Number

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Steven D. Mortenson
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 28 PM 3:56

DOCUMENT # P25891

(3)

1. Corporation Name

TITAN HOLDINGS, INC.

Principal Place of Business

**1020 N.E. LOOP 410, SUITE 700
SAN ANTONIO TX 78209**

Mailing Address

**1020 N.E. LOOP 410, SUITE 700
SAN ANTONIO TX 78209**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1989

3a. Date of Last Report

04/20/1994

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

23

City & State

28

Zip

Country

24

Zip

Country

29

30

4. FEI Number

74-2289827

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

**RUDD, JAMES D.
901 S.E. 17TH STREET CAUSEWAY
FT. LAUDERDALE FL 33316**

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

Signature of agent or (printed) name of registered agent and title of corporation

Signature of Registered Agent or (printed) name of registered agent and title of corporation

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WATSON, MARK E., JR.
STREET ADDRESS	1020 NE LOOP 410, #700
CITY ST ZIP	SAN ANTONIO TX
TITLE	VD
NAME	MANGOLD, THOMAS
STREET ADDRESS	901 WILSHIRE DR, STE 550
CITY ST ZIP	TROY MI
TITLE	S
NAME	WATSON III, MARK
STREET ADDRESS	1020 NE LOOP 410, STE 700
CITY ST ZIP	SAN ANTONIO TX
TITLE	TD
NAME	BODAYLE, MICHAEL J.
STREET ADDRESS	1020 NE LOOP 410, #700
CITY ST ZIP	SAN ANTONIO TX
TITLE	D
NAME	WOODS, GARY V.
STREET ADDRESS	9000 TESORO DRIVE, #122
CITY ST ZIP	SAN ANTONIO TX
TITLE	AVP
NAME	BUMGARDNER, JILL P.
STREET ADDRESS	1020 N.E. LOOP 410 #700
CITY ST ZIP	SAN ANTONIO TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	SD
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(3)(b), 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 addendum.

SIGNATURE:

Jill P. Bumgardner, JILL P. BUMGARDNER

3/16/95 210-824-4516

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date (Typed Name)

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Samora B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 28 PM 5: 54

DOCUMENT # P26290 (7)

1. Corporation Name

AUTOMATED SYSTEMS OF GEORGIA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P.O. BOX 723030
ATLANTA GA 31139
US

P.O. BOX 723030
ATLANTA GA 31139
US

3. Date Incorporated or Qualified

10/04/1989

3a. Date of Last Report

02/08/1994

4. FEI Number

58-1858838

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 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD**
NAME **THOMPSON, ROY S., JR.**
STREET ADDRESS **3715 NORTHSIDE PWY, #400**
CITY, ST, ZIP **ATLANTA GA**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE **PD**
NAME **THOMPSON, SCOTT G.**
STREET ADDRESS **3715 NORTHSIDE PWY, #400**
CITY, ST, ZIP **ATLANTA GA**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE **VCD**
NAME **WALL, CALVIN L.**
STREET ADDRESS **3715 NORTHSIDE PWY, #400**
CITY, ST, ZIP **ATLANTA GA**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE **S**
NAME **PARSONS, GAIL A.**
STREET ADDRESS **3715 NORTHSIDE PWY, #400**
CITY, ST, ZIP **ATLANTA GA**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
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 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:

Scott G. Thompson

Scott G. Thompson, President

404 266-9599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/95

(Date)

(Signature Press)

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 4:09**

DOCUMENT # P26411

(9)

1. Corporation Name

IPC INTERNATIONAL CORPORATION

Principal Place of Business

**1101 LAKE COOK ROAD
DEERFIELD IL 60015**

Mailing Address

**1101 LAKE COOK ROAD
DEERFIELD IL 60015**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1989

3a. Date of Last Report

04/06/1994

4. FEI Number

36-2972698

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. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

25. Country

29. Zip

30. Country

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

(Signature typed or printed name of registered agent and title, if applicable)

(Signature typed or printed name of registered agent and title, if applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD
NAME	KAPLAN, HOWARD L.
STREET ADDRESS	1101 LAKE COOK RD.
CITY, ST, ZIP	DEERFIELD IL
TITLE	VSD
NAME	LANTZ, DONALD P.
STREET ADDRESS	1101 LAKE COOK RD.
CITY, ST, ZIP	DEERFIELD IL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 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

Howard L. Kaplan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard L. Kaplan

2/2/95

(708) 940-8022