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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P19468 (8)

1. Corporation Name
NELCO MANUFACTURING CORP.

Principal Place of Business	Mailing Address
6215 ALUMA VALLEY DR OKLAHOMA CITY OK 73121 US	P.O. BOX 36239 OKLAHOMA CITY OK 73136-0239

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/01/1988
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business (21)
2a. Mailing Address (20)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 73-0938104 ☐ 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 RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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	P	1.1 TITLE	X Change	☐ Addition
NAME	ROBERTS, JERRY W.	1.2 NAME	Delete Individual Entirely	
STREET ADDRESS	7000 SHORELINE	1.3 STREET ADDRESS		
CITY-ST-ZIP	OKLAHOMA CITY OK	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	X Change	☐ Addition
NAME	ROBERTS, BRAD	2.2 NAME	Vice President	
STREET ADDRESS	8116 BRIDGEPORT LANE	2.3 STREET ADDRESS	Vernon Parks	
CITY-ST-ZIP	BETHANY OK	2.4 CITY-ST-ZIP	161 Wellman Street Norfolk, VA 23502	
TITLE	ST	3.1 TITLE	☐ Change	☐ Addition
NAME	CARRETERO, RHONDA	3.2 NAME		
STREET ADDRESS	6120 WINFIELD DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	OKLAHOMA CITY OK	3.4 CITY-ST-ZIP		
TITLE	CEOD	4.1 TITLE	President & CEOD	X Change ☐ Addition
NAME	EDWARDS, GREGORY J.	4.2 NAME		
STREET ADDRESS	3109 ROLLING STONE	4.3 STREET ADDRESS		
CITY-ST-ZIP	OKLAHOMA CITY OK	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	☐ Change	☐ Addition
NAME	LYNN, C. STEPHEN	5.2 NAME		
STREET ADDRESS	6215 ALUMA VALLEY DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	OKLAHOMA CITY OK 73136	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: Rhonda Carretero Rhonda Carretero, Sec/Treas. 4/14/95 405-478-3440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0490448 FP