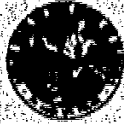


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 AM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P19895** (2)
1. Corporation Name
AZON CORPORATION

Principal Place of Business
**701 AZON ROAD
P.O. BOX 290
JOHNSON CITY NY 13790-0290**

Mailing Address
**701 AZON ROAD
P.O. BOX 290
JOHNSON CITY NY 13790-0290**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/30/1988** 3a. Date of Last Report **04/20/1994**
4. FEI Number **15-0522913** 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
7. 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 25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 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, typed or printed name of registered agent and the # applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BORDAGES, WILLIAM	1.2 NAME	
STREET ADDRESS	117 RIVERSIDE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BINGHAMTON NY	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	RAPP, MARK A.	2.2 NAME	
STREET ADDRESS	2 MEADOWOOD LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BINGHAMTON NY	2.4 CITY-ST-ZIP	
TITLE	TCFO	3.1 TITLE	☐ Change ☐ Addition
NAME	DONOVAN, JAMES L	3.2 NAME	
STREET ADDRESS	401 ALPINE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	VESTAL NY	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	CAVENDER, RICHARD F.	4.2 NAME	
STREET ADDRESS	P.O. BOX 602 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	MANZANTA OR	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BANNON, JAMES G., JR.	5.2 NAME	
STREET ADDRESS	1115 WESTERN BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON TX	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BORDAGES, JANET S.	6.2 NAME	
STREET ADDRESS	117 RIVERSIDE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BINGHAMTON NY	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)(4), 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:

James L. Donovan **James L. Donovan** 3/14/95 607/797-7368
Signature and typed or printed name of signing officer or director Date Original Filing #