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 19 AM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P19895** **(2)**

1. Corporation Name
AZON CORPORATION

Principal Place of Business	Mailing Address
701 AZON ROAD P.O. BOX 280 JOHNSON CITY NY 13790-0280	701 AZON ROAD P.O. BOX 280 JOHNSON CITY NY 13790-0280

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/30/1988
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
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: 15-0522913 ☐ 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

7. 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 _____ 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	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	MANZANITA 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)(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: James L. Donovan James L. Donovan 3/14/95 (607)797-7368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0494788 FN