FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P20759** **(7)**

1. Corporation Name

PRECISION STANDARD, INC.

Principal Place of Business	Mailing Address
ONE PEMCO PLAZA P. O. BOX 1808 BIRMINGHAM AL 35201-8808	ONE PEMCO PLAZA P. O. BOX 1808 BIRMINGHAM AL 35201-8808

3. Date Incorporated or Qualified: 09/02/1988
3a. Date of Last Report: 04/12/1995
4. FEI Number: 84-0985295 ☐ 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

THE PRENTICE HALL CORPORATION SYSTEM INC
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

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 ________

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	GOLD, MATTHEW L.	
STREET ADDRESS	P.O. BOX 1808 NA	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	EVP	☐ DELETE
NAME	MOEDE, WALTER M.	
STREET ADDRESS	P.O. BOX 1808 NA	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	D	☐ DELETE
NAME	HANNAH, DONALD C	
STREET ADDRESS	6400 E. CACTUS WREN	
CITY-ST-ZIP	PARADISE VALLEY AZ	
TITLE	D	☒ DELETE
NAME	MCDONALD, WESLEY L.	
STREET ADDRESS	5193 COTTINGHAM PLACE	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	D	☐ DELETE
NAME	KINNEAR II, GEORGE E.R.	
STREET ADDRESS	15 LAUREL LANE	
CITY-ST-ZIP	DURHAM NH	
TITLE	D	☐ DELETE
NAME	SHAPIRO, BEN J JR.	
STREET ADDRESS	ONE MIDTOWN PLAZA SUITE 1200	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	RICHARDS, THOMAS C. GENERAL, USAF (RET.)	
1.3 STREET ADDRESS	5903 MT. EAGLE DR. #706	
1.4 CITY-ST-ZIP	ALEXANDRIA VA 22303	
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)(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: W. M. Moede — 4/16/96 — (205) 591-7870

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

WALTER M. MOEDE

CR2E034 (12/95)