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 MAY -1 AM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P21511** **(1)**

1. Corporation Name
ALPHA MICROSYSTEMS, INC.

Principal Place of Business	Mailing Address
5511 SUNFLOWER SANTA ANA CA 92704 US	5511 SUNFLOWER SANTA ANA CA 92704 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 3511 Sunflower	26 3511 Sunflower
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 · Country 25	Zip 29 · Country 30

3. Date Incorporated or Qualified: **10/27/1988**
3a. Date of Last Report: **06/06/1994**
4. FEI Number: **95-3108178** ☐ 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

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	TITLE	V/S ☒ Change ☐ Addition
NAME	GLADE, JOHN F.	NAME	Glade, John F
STREET ADDRESS	5934 W. VIEW DRIVE	STREET ADDRESS	5934 W. View Drive
CITY-ST-ZIP	ORANGE CA	CITY-ST-ZIP	Orange, CA 92669
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	TULLIO, DOUGLAS J	NAME	
STREET ADDRESS	901 SUMMIT DR	STREET ADDRESS	
CITY-ST-ZIP	LAGUNA BCH CA	CITY-ST-ZIP	
TITLE	CD	TITLE	☐ Change ☐ Addition
NAME	REYNOLDS, CLARKE E.	NAME	
STREET ADDRESS	13013 CAMINITO BRACHO	STREET ADDRESS	
CITY-ST-ZIP	R. BERNARDO CA	CITY-ST-ZIP	
TITLE	V	TITLE	D ☐ Change ☒ Addition
NAME	~~KNIGHT, GERALD~~	NAME	Hankin, Rockell H.
STREET ADDRESS	~~25625 HORSE SHOE~~	STREET ADDRESS	17671 Promontory Road
CITY-ST-ZIP	~~EL TORO CA~~	CITY-ST-ZIP	Los Angeles, CA 90049
TITLE	TD	TITLE	V/Chief Financial Officer ☒ Change ☐ Addition
NAME	~~MURRAY, JOHN D~~	NAME	Lowell, Michael J
STREET ADDRESS	~~6190 SADDLETREE LANE~~	STREET ADDRESS	32942 Barque Way
CITY-ST-ZIP	~~YORBA LINDA CA~~	CITY-ST-ZIP	Dana Point, CA 92629
TITLE		TITLE	D ☐ Change ☒ Addition
NAME		NAME	Hathaway, Harry L.
STREET ADDRESS		STREET ADDRESS	1651 Bedford Road
CITY-ST-ZIP		CITY-ST-ZIP	San Marino, CA 91108

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: X Michael J Lowell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date · (714) 957-8500 Daytime Phone #

0491713 FN

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CORPORATION ANNUAL REPORT

1995

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

APPROVED

DOCUMENT # **P21740** **(6)**

1. Corporation Name

RONALD ADAMS CONTRACTOR, INC.

: 06

STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1074 HIGHWAY 1 THIBODAUX LA 70301	1074 HIGHWAY 1 THIBODAUX LA 70301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/14/1988**	3a. Date of Last Report **05/01/1994**
4. FEI Number **72-0753586**	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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

C.T. CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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: (If changing registered agent, registered agent must sign here.) (If changing registered office address, registered agent must sign here.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ADAMS, RONALD J.	12 NAME	
STREET ADDRESS	1072 HWY. 1	13 STREET ADDRESS	
CITY-ST-ZIP	THIBODAUX LA	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	DEMPSTER, IRIS O.	22 NAME	
STREET ADDRESS	702 HWY 20	23 STREET ADDRESS	
CITY-ST-ZIP	THIBODAUX LA	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	DUFRECHOU, MICHAEL	32 NAME	
STREET ADDRESS	205 W. OAKLAND DR	33 STREET ADDRESS	
CITY-ST-ZIP	ST. ROSE LA	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is accurate and does not qualify for the exemptions 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 asterisk.

SIGNATURE: *Ronald J. Adams* **4/27/95** **(504)447-4466**

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

0490348 FN