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 26 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P23017 (7)

1. Corporation Name
ALLIED COLOIDS INC.

Principal Place of Business	Mailing Address
2301 WILROY ROAD SUFFOLK VA 23434	PO BOX 820 SUFFOLK VA 23439-0820 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1989
3a. Date of Last Report: 04/07/1994

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: 13-2640053 ☐ 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 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	President	☑ Change ☐ Addition
NAME	FARRAR, DAVID	1.2 NAME	Peter Nichols	
STREET ADDRESS	101 CRAWFORD ST, #101	1.3 STREET ADDRESS	1309 Redstick Court	
CITY-ST-ZIP	PORTSMOUTH VA	1.4 CITY-ST-ZIP	Chesapeake, VA. 23320	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	SENIOR, GORDON S.	2.2 NAME		
STREET ADDRESS	3, FIRBECK, HARDEN	2.3 STREET ADDRESS		
CITY-ST-ZIP	BINGLEY, ENGLAND BD16	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	BINNIE, JOHN	3.2 NAME		
STREET ADDRESS	BEECH COURT APPERLEY LA	3.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLAND, BD10 OPN	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE	Secretary	☑ Change ☐ Addition
NAME	MOWBRAY, ARTHUR	4.2 NAME	Gerald Kalb	
STREET ADDRESS	1319 FAIRWAY DRIVE	4.3 STREET ADDRESS	306 Park Road	
CITY-ST-ZIP	CHESAPEAKE VA	4.4 CITY-ST-ZIP	Portsmouth, VA. 23707	
TITLE	DT	5.1 TITLE	Treasurer	☐ Change ☐ Addition
NAME	MOWBRAY, ARTHUR E.	5.2 NAME	Gerald Kalb	
STREET ADDRESS	1319 FAIRWAY DRIVE	5.3 STREET ADDRESS	306 Park Road	
CITY-ST-ZIP	CHESAPEAKE VA	5.4 CITY-ST-ZIP	Portsmouth, VA. 23707	
TITLE	D	6.1 TITLE	Chairman of Board	☑ Change ☐ Addition
NAME	FLESHER, PETER	6.2 NAME	David Farrar	
STREET ADDRESS	LITTLE BECK, BECK LANE	6.3 STREET ADDRESS	Unit 101, 101 Crawford Parkway	
CITY-ST-ZIP	ENGLAND, BD16 4DN	6.4 CITY-ST-ZIP	Portsmouth, VA. 23704	

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: Shirley F. Brennaka 1/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)