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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 1:41

DOCUMENT # P23338 (7)

1. Corporation Name
BURD-END, INC.

Principal Place of Business	Mailing Address
15 PLUMB ST. ~~ACCOUNTING & CONTROL 43RD FLOOR~~ MILTON WI 53563-1499 US	1301 AVENUE OF THE AMERICAS ACCOUNTING & CONTROL 43RD FLOOR NEW YORK NY 10019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1989
3a. Date of Last Report: 04/22/1994

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)

4. FEI Number: 39-1564762 ☐ 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
8751 WEST BROWARD BLVD.
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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	11 TITLE	P/D ☒ Change ☐ Addition
NAME	HIRSCHMAN, HELMST	12 NAME	Kroener, Peter H.
STREET ADDRESS	186 WOOD AVENUE, SOUTH	13 STREET ADDRESS	186 Wood Ave South
CITY-ST-ZIP	ISELIN NJ	14 CITY-ST-ZIP	Iselin NJ 08830
TITLE	SD	21 TITLE	D ☒ Change ☐ Addition
NAME	KELLY, JAMES	22 NAME	Dumke, Robert
STREET ADDRESS	1 LAUREL LN	23 STREET ADDRESS	186 Wood Ave South
CITY-ST-ZIP	RUMSON NJ	24 CITY-ST-ZIP	Iselin NJ 08830
TITLE		31 TITLE	S ☐ Change ☒ Addition
NAME		32 NAME	Machlowitz, David
STREET ADDRESS		33 STREET ADDRESS	186 Wood Ave South
CITY-ST-ZIP		34 CITY-ST-ZIP	Iselin NJ 08830
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 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 above, or on an attachment with an address.

SIGNATURE: [signature] Asst Secretary 3/27/95 212-258-4137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

000098 CP