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
95 JAN 27 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P25225 (4)

1. Corporation Name
MINDIS METALS, INC.

Principal Place of Business	Mailing Address
1990 DEFOOR AVE. ATLANTA GA 30318	1990 DEFOOR AVE. ATLANTA GA 30318

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/18/1989
3a. Date of Last Report: 03/14/1994

2. Principal Place of Business
21 3715 Northside Parkway
22 Bldg 100 Suite 210
23 Atlanta GA
24 30327 25 Fulton

2a. Mailing Address
26 3715 Northside Parkway
27 Bldg 100 Suite 210
28 Atlanta GA
29 30327 30 Fulton

4. FEI Number: 58-1724376 ☐ 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 operating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☑ Change ☐ Addition
NAME	KOPMAN, BYRON	1.2 NAME	
STREET ADDRESS	1990 DEFOOR AVE.	1.3 STREET ADDRESS	3715 Northside Parkway Bldg 100 Suite 210
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	Atlanta GA 30327
TITLE	T	2.1 TITLE	☑ Change ☐ Addition
NAME	HAMIL, THOMAS B.	2.2 NAME	
STREET ADDRESS	1990 DEFOOR AVE.	2.3 STREET ADDRESS	3715 Northside Parkway Bldg 100 Suite 210
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	Atlanta GA 30327
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	LAPIDUS, WILLIAM S	3.2 NAME	
STREET ADDRESS	1990 DEFOOR AVE	3.3 STREET ADDRESS	3715 Northside Parkway Bldg 100 Suite 210
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	Atlanta GA 30327
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: William Lapidus 1/17/95 404-262-0417
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

03000061 FP