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 MAR -3 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P26073** **(7)**

1. Corporation Name
MAREMONT CORPORATION

Principal Place of Business	Mailing Address
1209 ORANGE STREET WILMINGTON DE 19801 US	ONE NOBLITT PLAZA BOX 3000 COLUMBUS IN 47202 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/18/1989**
3a. Date of Last Report: **03/18/1994**

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: **13-2986138** ☐ 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 (Signature of new registered agent) (NOTE: Registered Agent signature required when designated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	11 TITLE		☐ Change ☐ Addition
NAME	POND, BYRON O.	12 NAME		
STREET ADDRESS	5151 WOODBRIAR CT	13 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS IN 47201	14 CITY-ST-ZIP		
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	GROGG, TIM A	22 NAME		
STREET ADDRESS	1302 AUDUBON	23 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS IN	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	HUNT, V. WILLIAM	32 NAME		
STREET ADDRESS	9622 W. SHORE DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS IN 47201	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	BAKER, JAMES K.	42 NAME		
STREET ADDRESS	12044 W. SR 46	43 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS IN 47201	44 CITY-ST-ZIP		
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	SALES, A R	52 NAME		
STREET ADDRESS	865 BAYWOOD COURT	53 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS IN 47201	54 CITY-ST-ZIP		
TITLE	AT	61 TITLE	CHIEF TAX OFFICER	☒ Change ☐ Addition
NAME	ADMIRE, GARY J	62 NAME	LOWE, WILLIAM M.	
STREET ADDRESS	6708 CREEKSIDE LANE	63 STREET ADDRESS	4843 TIMBER RIDGE	
CITY-ST-ZIP	INDIANAPOLIS IN 46220	64 CITY-ST-ZIP	COLUMBUS, IN 47201	

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: TIM A GROGG FEB. 14, 1995 812-379-3000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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