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 JUL 31 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P27708 (7)

1. Corporation Name
ALTOUNIAN BUILDERS, INC.

Principal Place of Business	Mailing Address
500 N. WESTERN AVE. STE. 212 LAKE FOREST IL 60045	500 N. WESTERN AVE. STE. 212 LAKE FOREST IL 60045

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1990
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business	2a. Mailing Address
21 13110 W.Highway 176,	26 13110 W.Highway 176,
Suite, Apt. #, etc. 22 Suite One	Suite, Apt. #, etc. 27 Suite One
City & State 23 Lake Bluff,Illinois	City & State 28 Lake Bluff,Illinois
Zip 24 60044 / Country 25	Zip 29 60044 / Country 30

4. FEI Number: 36-2651379 ☐ 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	10. Name and Address of New Registered Agent
ALTOUNIAN, JAMES 105 SETTLERS ROW THE PLANTATION PONTE VEDRA FL 32082	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] 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	PTD	11 TITLE	☒ Change ☐ Addition
NAME	ALTOUNIAN, JAMES	12 NAME	Address Only
STREET ADDRESS	500 N. WESTERN AVE.#212	13 STREET ADDRESS	13110 West Highway 176,Suite One
CITY-ST-ZIP	LAKE FOREST IL	14 CITY-ST-ZIP	Lake Bluff,Illinois 60044
TITLE	S	21 TITLE	☒ Change ☐ Addition
NAME	JACKSON, JEANNE S.	22 NAME	Address Only
STREET ADDRESS	500 N. WESTERN AVE.#212	23 STREET ADDRESS	13110 West Highway 176,Suite One
CITY-ST-ZIP	LAKE FOREST IL	24 CITY-ST-ZIP	Lake Bluff, Illinois 60044
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		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 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: [signature] 1/17/95 (708) 234-8600
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0407041 FP