CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAR 20 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P28987 (6)

1. Corporation Name
PHILLIPS COLLEGES, INC.

Principal Place of Business	Mailing Address
ONE HANCOCK PLAZA GULFPORT MS 39507-4508	ONE HANCOCK PLAZA SUITE 1408 GULFPORT MS 39501 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1990	3a. Date of Last Report: 06/14/1994
4. FEI Number: 64-0521981	☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

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 — Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~V~~	11 TITLE	Assistant Treasurer and Vice President ☒ Change ☐ Addition
NAME	LYNCH, MARSHALL D.	12 NAME	
STREET ADDRESS	ONE HANCOCK PL.	13 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT MS	14 CITY ST ZIP	
TITLE	S	21 TITLE	Director ☒ Change ☐ Addition
NAME	~~PHILLIPS, ARY~~	22 NAME	C. Alton Phillips
STREET ADDRESS	ONE HANCOCK PL.	23 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT MS	24 CITY ST ZIP	
TITLE	~~V~~	31 TITLE	☐ Change ☐ Addition
NAME	~~MURRAY, ALAN L.~~	32 NAME	400001436214
STREET ADDRESS	ONE HANCOCK PLAZA	33 STREET ADDRESS	-03/22/95--01044--004
CITY-ST-ZIP	GULFPORT MS	34 CITY ST ZIP	****200.00 ****200.00
TITLE	~~S~~	41 TITLE	☐ Change ☐ Addition
NAME	~~MURRAY, ALAN L.~~	42 NAME	
STREET ADDRESS	ONE HANCOCK PLAZA	43 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT MS	44 CITY ST ZIP	
TITLE	Sr V	51 TITLE	Assistant Secretary ☐ Change ☐ Addition
NAME	KIMBERLING, C RONALD	52 NAME	
STREET ADDRESS	1 HANCOCK PLZ	53 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT MS	54 CITY ST ZIP	
TITLE	P	61 TITLE	Director ☐ Change ☐ Addition
NAME	PHILLIPS, GERALD C.	62 NAME	3/20/95
STREET ADDRESS	1 HANCOCK PLASA, STE. 1408	63 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT MS	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: C. Ronald Kimberling 3/13/95 64-1864606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

DOCUMENT # **P29011** **(4)**

1. Corporation Name
WEITZ CONSTRUCTION SERVICES, INC.

200001441702
-03/28/95--01092--004
****400.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
800 2ND AVENUE DES MOINES IA 50309	800 2ND AVENUE DES MOINES IA 50309

3. Date Incorporated or Qualified: **04/16/1990**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business	2a. Mailing Address
21	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: **42-1349325** ☐ 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. The 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
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 (If 10: Registered Agent signature required above) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	DE STIGTER, GLENN H.	12 NAME	
STREET ADDRESS	813 SW COHASSET DR.	13 STREET ADDRESS	
CITY-ST-ZIP	ANKENY IA	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	GOSSELINK, JERRY D	22 NAME	
STREET ADDRESS	1575 NW 75 STR	23 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	THORPE, DONALD E.	32 NAME	
STREET ADDRESS	1835 ZINNIA COURT	33 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN CO	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	STRUTT, DAVID, S	42 NAME	
STREET ADDRESS	301 41ST ST	43 STREET ADDRESS	
CITY-ST-ZIP	W DES MOINES IA	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	BLUM, DONALD R.	52 NAME	
STREET ADDRESS	800 SECOND AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	KOEPNICK, JIMMY R.	62 NAME	
STREET ADDRESS	2640 HOPE LANE	63 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL	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 exemptions 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: Donald R Blum 2.20.95 515-246-7621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Treasurer
KW 3.24.95

030M93 CR

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

DOCUMENT # P29391 (0)

1. Corporation Name BAY NETWORKS GROUP, INC. (formerly SYNOPTICS COMMUNICATIONS, INC.)

Principal Place of Business	Mailing Address
4401 GREAT AMERICA PARKWAY P. O. BOX 58185 SANTA CLARA CA 95052-5185	4401 GREAT AMERICA PARKWAY P. O. BOX 58185 SANTA CLARA CA 95052-8185 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1990	3a. Date of Last Report: 03/17/1994
4. FEI Number: 77-0077404	Applied For / Not Applicable
5. Certificate of Status Desired: XX	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution:	$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes XX No	

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)

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
SUITE 105
TALLAHASSEE FL 32301

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 the 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	P	X Change ☐ Addition
NAME	LUDWICK, ANDREW K.	ANDREW K. LUDWICK	
STREET ADDRESS	4401 GREAT AMERICA PKWY	4401 GREAT AMERICA PARKWAY	
CITY-ST-ZIP	SANTA CLARA CA	SANTA CLARA, CA 95052	
TITLE	VD	V/D	X Change ☐ Addition
NAME	SCHMIDT, RONALD V.	WILLIAM J. RUEHLE	
STREET ADDRESS	4401 GREAT AMERICA PKWY	4401 GREAT AMERICA PARKWAY	
CITY-ST-ZIP	SANTA CLARA CA	SANTA CLARA, CA 95052	
TITLE	V	S/D	☐ Change X Addition
NAME	RUEHLE, WILLIAM J.	J. MONTGOMERY KERSTEN	
STREET ADDRESS	4401 GREAT AMERICA PKWY	4401 GREAT AMERICA PARKWAY	
CITY-ST-ZIP	SANTA CLARA CA	SANTA CLARA,CA 95052	
TITLE	CD		☐ Change ☐ Addition
NAME	CARTER, SHELBY H. JR.	600001439226	
STREET ADDRESS	4401 GREAT AMERICA PKWY	-03/24/95--01071--005	
CITY-ST-ZIP	SANTA CLARA CA	****208.75 ****208.75	
TITLE	V		☐ Change ☐ Addition
NAME	CROSS, PETER S.		
STREET ADDRESS	4401 GREAT AMERICA PKWY		
CITY-ST-ZIP	SANTA CLARA CA		
TITLE	T		☐ Change ☐ Addition
NAME	FELLOWS, LINDA		
STREET ADDRESS	4401 GREAT AMERICA PKWY		
CITY-ST-ZIP	SANTA CLARA CA		

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SIGNATURE: 3/8/95 408-988-2900

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

MONTGOMERY KERSTEN, SECRETARY + DIRECTOR 3:28 95 Date

0402010 FR