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 MAY -1 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P29979

1. Corporation Name
TRAFALGAR HOUSE INC.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 116 Roddy Avenue
Suite, Apt. #, etc.
22
City & State
23 South Attleboro, MA
Zip 24 02703-7974 Country 25 US

2a. Mailing Address
26 Tax Department
Suite, Apt. #, etc.
27 116 Roddy Avenue
City & State
28 South Attleboro, MA
Zip 29 02703-7974 Country 30 US

4. FEI Number: 86-0419904 ☐ 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 South 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)
500001475445
83 -05/04/95--01029--014
****200.00 ****200.00
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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		11 TITLE	President/Secretary/Director	☒ Change ☐ Addition
NAME		12 NAME	Charles E. Buckley	
STREET ADDRESS		13 STREET ADDRESS	116 Roddy Avenue	
CITY ST ZIP		14 CITY ST ZIP	South Attleboro, MA 02703	
TITLE		21 TITLE	Vice President/Director	☒ Change ☐ Addition
NAME		22 NAME	Walter A. Jachem	
STREET ADDRESS		23 STREET ADDRESS	116 Roddy Avenue	
CITY ST ZIP		24 CITY ST ZIP	South Attleboro, MA 02703	
TITLE		31 TITLE	Treasurer/Director	☒ Change ☐ Addition
NAME		32 NAME	Leslie W. Sgnilek	
STREET ADDRESS		33 STREET ADDRESS	116 Roddy Avenue	
CITY ST ZIP		34 CITY ST ZIP	South Attleboro, MA 02703	
TITLE		41 TITLE	Director	☒ Change ☐ Addition
NAME		42 NAME	John M. Kelman	
STREET ADDRESS		43 STREET ADDRESS	One Oliver Plaza	
CITY ST ZIP		44 CITY ST ZIP	Pittsburgh, PA 15222	
TITLE		51 TITLE	Director	☒ Change ☐ Addition
NAME		52 NAME	D. G. Moorehouse	
STREET ADDRESS		53 STREET ADDRESS	20 Eashourne Terrace	
CITY ST ZIP		54 CITY ST ZIP	London, W26LE ENGLAND	
TITLE		61 TITLE	Director	☒ Change ☐ Addition
NAME		62 NAME	Peter C. Bond	
STREET ADDRESS		63 STREET ADDRESS	2440 Camino Ramon	
CITY ST ZIP		64 CITY ST ZIP	San Ramon, CA 94583	

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: Walter A. Jachem Vice President 4/21/95 (508) 399-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Telephone #