FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

APPROVED AND FILED
95 MAY -1 AM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P30521** **(9)**

1. ADVACARE, INC.

9696 SKILLMAN
SUITE 325
DALLAS TX 75243
US

9696 SKILLMAN
SUITE 325
DALLAS TX 75243
US

3. 08/13/1990	3a. 06/21/1994
4. 04-2902582	
5.	$8.75 Additional Fee Required
6.	$5.00 May Be Added to Fees
8.	X Yes

2. Principal Place of Business
21 2700 Cumberland Pkwy.
22 Suite 300
23 Atlanta, GA
24 30339 25 USA

2a. Mailing Address
26 2700 Cumberland Pkwy.
27 Suite 300
28 Atlanta, GA
29 30339 30 USA

9. Name and Address of Current Registered Agent

C T 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)
83
84 FL 85 Zip Code

11.

SIGNATURE

12.		13.	
TITLE	CD	TITLE	C/D X Change
NAME	ERGOTT, HAROLD L J	NAME	Randolph G. Brown
STREET ADDRESS	16127 E. POWDER HORN	STREET ADDRESS	2700 Cumberland Pkwy., Ste. 300
CITY-ST-ZIP	FOUNTAIN HILLS AZ	CITY-ST-ZIP	Atlanta, GA 30339
TITLE	PD	TITLE	C/D X Change
NAME	RONE, B.J.	NAME	Timothy J. Kilgallon
STREET ADDRESS	3000 ST. GERMAIN	STREET ADDRESS	2700 Cumberland Pkwy., Ste. 300
CITY-ST-ZIP	PLANO TX	CITY-ST-ZIP	Atlanta, GA 30339
TITLE	V	TITLE	P/D X Change
NAME	YAU, SAM	NAME	Gene P. Kaczmarski
STREET ADDRESS	19 DAMARA	STREET ADDRESS	2700 Cumberland Pkwy., Ste. 300
CITY-ST-ZIP	IRVINE CA	CITY-ST-ZIP	Atlanta, GA 30339
TITLE	V	TITLE	V/S/D X Change
NAME	KING, JOHN	NAME	Michael R. Cote
STREET ADDRESS	1204 JANWOOD	STREET ADDRESS	2700 Cumberland Pkwy., Ste. 300
CITY-ST-ZIP	PLANO TX	CITY-ST-ZIP	Atlanta, GA 30339
TITLE	VS	TITLE	V/S X Change
NAME	MERRICK, TAG	NAME	Pamela S. Topper
STREET ADDRESS	3201 BRIDLE PATH CT.	STREET ADDRESS	2700 Cumberland Pkwy., Ste. 300
CITY-ST-ZIP	GARLAND TX	CITY-ST-ZIP	Atlanta, GA 30339
TITLE	VT	TITLE	T X Change
NAME	KEHOE, TODD	NAME	Caryn S. Dickerson
STREET ADDRESS	621 SPANKY BRANCH	STREET ADDRESS	2700 Cumberland Pkwy., Ste. 300
CITY-ST-ZIP	DALLAS TX	CITY-ST-ZIP	Atlanta, GA 30339

14.

SIGNATURE: Pamela S. Topper PAMELA S. TOPPER 4-19-95 (404)319-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0472830 FP

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

DOCUMENT # **P30527** **(6)**

1. Corporate Name
THEATER ACQUISITION COMPANY

Principal Place of Business	Mailing Address
2121 PONCE DE LEON BLVD SUITE 920 CORAL GABLES FL 33134	2121 PONCE DE LEON BLVD SUITE 920 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/14/1990**
3a. Date of Last Report: **02/08/1994**
4. FEI Number: **74-2576911** ☐ 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

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

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 ______

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORENO, FRANK
STREET ADDRESS	2121 PONCE DE LEON BLVD
CITY, ST, ZIP	MIAMI FL
TITLE	V
NAME	WRAY, JON
STREET ADDRESS	2121 PONCE DE LEON BLVD
CITY, ST, ZIP	MIAMI FL
TITLE	SVS
NAME	DREW, CARL
STREET ADDRESS	2121 PONCE DE LEON BLVD
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	CORMAN, ROGER
STREET ADDRESS	11000 SAN VINCINTE BLVD
CITY, ST, ZIP	LOS ANGLES FL
TITLE	C
NAME	MACMILLEN, WILLIAM C JR.
STREET ADDRESS	254 VICTORIA PLACE
CITY, ST, ZIP	LAWRENCE NY
TITLE	D
NAME	CHURCHILL, WINSTON
STREET ADDRESS	300 CHESTER FIELD PKWY
CITY, ST, ZIP	MALVERN PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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)(k), Florida Statutes. I further certify that the information indicated on the 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 C. MacMillen Jr. 4/21/95 516-239-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Wm. C. MacMillen Jr., Chairman

0137182 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # P31217 (3)

1. Corporate Name

ALBERTO-CULVER USA, INC.

Principal Place of Business: 2525 ARMITAGE AVENUE, MELROSE PARK IL 60160

Mailing Address: 2525 ARMITAGE AVENUE, MELROSE PARK IL 60160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1990

3a. Date of Last Report: 05/01/1994

4. FEI Number: 36-3664158 — Applied For / Not Applicable

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

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. 199.052 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T 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)

83

84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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 s. 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CD	SEE ATTACHMENT FOR OTHER OFFICERS
NAME	LAVIN, LEONARD H.	
STREET ADDRESS	2525 ARMITAGE AVE.	
CITY-ST-ZIP	MELROSE PARK FL	
TITLE	PD	
NAME	BERNICK, HOWARD B.	
STREET ADDRESS	2525 ARMITAGE AVE.	
CITY-ST-ZIP	MELROSE PARK FL	
TITLE	VST	
NAME	LAVIN, BERNICE E.	
STREET ADDRESS	2525 ARMITAGE AVE.	
CITY-ST-ZIP	MELROSE PARK FL	
TITLE	D	
NAME	LAVIN, BERNICE E.	
STREET ADDRESS	2525 ARMITAGE AVE.	
CITY-ST-ZIP	MELROSE PARK FL	
TITLE	VAS	
NAME	BERNICK, CAROL L.	
STREET ADDRESS	2525 ARMITAGE AVE.	
CITY-ST-ZIP	MELROSE PARK FL	
TITLE	V	
NAME	GOLDBERG	
STREET ADDRESS	2525 ARMITAGE AVENUE	
CITY-ST-ZIP	MELROSE PARK IL	

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] 4/27/95 708/450-3956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MICHAEL L. GOLDBERG, VICE-PRESIDENT-CONTROLLER

P31217

ALBERTO-CULVER U.S.A., INC.
FEIN: 36-3664158
STATE OF FLORIDA

LIST OF OFFICERS AND DIRECTORS

OFFICERS OF ALBERTO-CULVER USA, INC.

NAME	TITLE
Carol L. Bernick	President
David D. DeTomaso	Senior Vice President, Professional Domestic Division
Bernice E. Lavin	Vice President, Secretary & Treasurer
Michael L. Goldberg	Vice President-Controller
Ronald M. Kirshbaum	Vice President, Food Service Division
John Boone	Group Vice President, Consumer Products
Frederick C. Broda	Vice President, Corporate Development
Anthony J. Borgese	Vice President, Sales, Toiletries Division
James J. Chickarello	Vice President, Manufacturing and Engineering
Kristin Muntean	Vice President, General Mgr, Household/Grocery Div.
Allan R. Linderman	Vice President, Advertising Services
Janice J. Miller	Vice President, Market Research
Raymond A. Maslanka	Vice President, Operations
Doug Meneely	Vice President, Human Resources
Richard N. Paulsen	Vice President, Information Services
Leah M. Seidenfeld	Vice President, Marketing, Toiletries Divison
Daniel B. Stone	Vice President, Communications

BOARD OF DIRECTORS OF ALBERTO-CULVER U.S.A., INC.

Leonard H. Lavin
Bernice E. Lavin
Howard B. Bernick

THE ADDRESS FOR ALL OF THE ABOVE OFFICERS AND DIRECTORS IS:

2525 Armitage Avenue, Melrose Park, IL 60160

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
FILED
:05
TALLAHASSEE, FLORIDA

DOCUMENT # P31731 (3)

1. Corporation Name

FLEETWOOD TRAVEL TRAILERS OF MARYLAND, INC.

Principal Place of Business

3125 MYERS STREET
RIVERSIDE CA 92503-5527

Mailing Address

3125 MYERS ST. PO BOX 7638
ATTN: TAX DEPT
RIVERSIDE CA 92531-7638
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/09/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 52-0892953 ☐ 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

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

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

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	CREAN, JOHN C.
STREET ADDRESS	3125 MYERS ST
CITY-ST-ZIP	RIVERSIDE CA
TITLE	VC
NAME	WEIDE, WILLIAM W.
STREET ADDRESS	3125 MYERS ST
CITY-ST-ZIP	RIVERSIDE CA
TITLE	D
NAME	SKINNER, DALE T.
STREET ADDRESS	3125 MYERS ST
CITY-ST-ZIP	RIVERSIDE CA
TITLE	PD
NAME	KUMMER, GLENN F.
STREET ADDRESS	3125 MYERS ST
CITY-ST-ZIP	RIVERSIDE CA
TITLE	VAS
NAME	BINGHAM, PAUL M.
STREET ADDRESS	3125 MYERS ST
CITY-ST-ZIP	RIVERSIDE CA
TITLE	V
NAME	NORD, JON A.
STREET ADDRESS	3125 MYERS ST
CITY-ST-ZIP	RIVERSIDE CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 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: Lyle N Larkin 4-10-95 909/351-3797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0401800 FN

P3173(

FLEETWOOD TRAVEL TRAILERS OF MARYLAND, INC.

Officers and Directors

JOHN C. CREAN	CHAIRMAN OF THE BOARD AND CHIEF EXECUTIVE OFFICER
WILLIAM W. WEIDE	VICE CHAIRMAN OF THE BOARD
DALE T. SKINNER	DIRECTOR
GLENN F. KUMMER	PRESIDENT, CHIEF OPERATING OFFICER AND DIRECTOR
PAUL M. BINGHAM	FINANCIAL VICE PRESIDENT & ASST. SECY.
JON A. NORD	SENIOR VICE PRESIDENT - HOUSING GROUP
ELDEN L. SMITH	SENIOR VICE PRESIDENT - RV GROUP
LAWRENCE F. PITTROFF	SENIOR VICE PRESIDENT
WILLIAM H. LEAR	VICE PRESIDENT - GENERAL COUNSEL AND SECRETARY
ROBERT W. GRAHAM	VICE PRESIDENT - ADMINISTRATION AND HUMAN RESOURCES
JERRY L. HEWITT	VICE PRESIDENT - QUALITY
LARRY J. HUGHES	VICE PRESIDENT - TRAVEL TRAILER DIVISION
LYLE N. LARKIN	TREASURER AND ASSISTANT SECRETARY

ALL CORRESPONDENCE TO ANY OF THE
ABOVE SHOULD BE ADDRESSED AS FOLLOWS:
3125 Myers Street
P.O. BOX 7638
RIVERSIDE, CA 92513-7638