

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6: 05

DOCUMENT # P31597 (8)

1. Corporation Name
FISHERMAN'S LANDING CORPORATION

Principal Place of Business Mailing Address
C/O WELLINGTON TRUST COMPANY, N.A. **C/O WELLINGTON TRUST COMPANY, N.A.**
75 STATE STREET **75 STATE STREET**
BOSTON MA 02109 **BOSTON MA 02109**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/31/1990 3a. Date of Last Report 01/31/1994

4. FEI Number 22-3081083 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 then if applicable

2231F Registered Agent Signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WALTERS, JAMES L.	12 NAME	
STREET ADDRESS	%75 STATE STREET	13 STREET ADDRESS	
CITY, ST, ZIP	BOSTON MA	14 CITY, ST, ZIP	
TITLE	CLD	21 TITLE	☐ Change ☐ Addition
NAME	KEADY, LORRAINE A A	22 NAME	
STREET ADDRESS	% 75 STATE STREET	23 STREET ADDRESS	
CITY, ST, ZIP	BOSTON MA	24 CITY, ST, ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	PAZUK, STEPHEN M.	32 NAME	
STREET ADDRESS	%75 STATE STREET	33 STREET ADDRESS	
CITY, ST, ZIP	BOSTON MA	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 140.07(3)(b), Florida Statutes. I further certify that the information indicated in 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, changed, or on an addition to part an addition.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 21, 1995 617-951-5020
Date Daytime Phone

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 5:29

DOCUMENT # P31888 (1)

1. Corporation Name

BIENVILLE FOREST INVESTMENTS, INC.

Principal Place of Business

1158 OAKCLIFF RD
MACON GA 31211

Mailing Address

1158 OAKCLIFF RD
MACON GA 31211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/26/1990

3a. Date of Last Report

07/05/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

58-1464622

Applied For

Not Applicable

Suite, Apt. #, etc

22

Suite, Apt. #, etc

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GLAWSON, W.C., JR.
UNIT 401, BREAKERS EAST
1010 HWY 98 EAST
DESTIN 32541

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, typed or printed name of registered agent, and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GLAWSON, W.C., JR.
STREET ADDRESS 401 BREAKERS E, HWY 98 E
CITY, ST, ZIP DESTIN FL

TITLE ST
NAME THOMAS, DONNA
STREET ADDRESS 1158 OAKCLIFF ROAD
CITY, ST, ZIP MACON GA

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and claims not equally for the exemptions stated in Sections 119.07(3)(b), 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:

W.C. Glawson Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Moynihan Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P32194 (3)

1. Corporation Name
STRATEGIC MORTGAGE SERVICES, INC.

Principal Place of Business 3160 AIRWAY AVENUE COSTA MESA CA 92626	Mailing Address 4340 VON KARMAN AVENUE 4TH FLOOR NEWPORT BEACH CA 92660 US
---	---

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/18/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 33-0442632	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

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

10. Name and Address of New Registered Agent

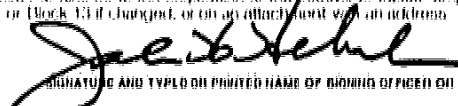
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits 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 Registered Agent or other responsible person) _____ (Name of Registered Agent or other responsible person) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. NAME	P REPPERT, JOSEPH R.	11. NAME	☐ Change ☐ Addition
12. STREET ADDRESS	3160 AIRWAY AVENUE	12. NAME	
13. CITY, ST, ZIP	COSTA MESA CA	13. STREET ADDRESS	
14. CITY, ST, ZIP		14. CITY, ST, ZIP	
15. NAME	D MCMAHON, PATRICK	15. NAME	☒ Change ☐ Addition
16. STREET ADDRESS	3160 AIRWAY AVENUE	16. NAME	
17. CITY, ST, ZIP	COSTA MESA CA	17. STREET ADDRESS	
18. CITY, ST, ZIP		18. CITY, ST, ZIP	
19. NAME	D MCINERNEY, THOMAS E.	19. NAME	☐ Change ☐ Addition
20. STREET ADDRESS	ONE WORLD FINANCIAL CTR	20. NAME	
21. CITY, ST, ZIP	NEW YORK NY	21. STREET ADDRESS	
22. CITY, ST, ZIP		22. CITY, ST, ZIP	
23. NAME	VT BOYLAN, GERALD M.	23. NAME	☒ Change ☐ Addition
24. STREET ADDRESS	3160 AIRWAY AVENUE	24. NAME	
25. CITY, ST, ZIP	COST MESA CA	24. STREET ADDRESS	
26. CITY, ST, ZIP		24. CITY, ST, ZIP	
27. NAME	V TOPOL, BARRY C.	27. NAME	☒ Change ☐ Addition
28. STREET ADDRESS	3160 AIRWAY AVENUE	28. NAME	
29. CITY, ST, ZIP	COSTA MESA CA	28. STREET ADDRESS	
30. CITY, ST, ZIP		28. CITY, ST, ZIP	
31. NAME		31. NAME	☐ Change ☐ Addition
32. STREET ADDRESS		32. NAME	
33. CITY, ST, ZIP		32. STREET ADDRESS	
34. CITY, ST, ZIP		32. CITY, ST, ZIP	
35. NAME		35. NAME	☒ Change ☐ Addition
36. STREET ADDRESS		36. NAME	
37. CITY, ST, ZIP		36. STREET ADDRESS	
38. CITY, ST, ZIP		36. CITY, ST, ZIP	
39. NAME		39. NAME	☐ Change ☐ Addition
40. STREET ADDRESS		40. NAME	
41. CITY, ST, ZIP		40. STREET ADDRESS	
42. CITY, ST, ZIP		40. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 110.02(3)(b), 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:  **JOHN H. HEBERLE** 1/31/95 (714) 442-7000

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 5:37

DOCUMENT # P33351 (8)

1. Corporation Name

SHOE STATION, INC.

Principal Place of Business

450 BEL AIR BOULEVARD
MOBILE AL 36606

Mailing Address

450 BEL AIR BOULEVARD
MOBILE AL 36606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1991

3a. Date of Last Report

04/05/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

63-0879160

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. 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

ARENA, ANTHONY S.
2700 BARNETT PLAZA
101 EAST KENNEDY BLVD
TAMPA FL 33602

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 person or persons named as registered agent and their address

Signature of Registered Agent (Signature required when necessary)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C
NAME	BARKIN, TERRY S.
STREET ADDRESS	450 BEL AIR BLVD
CITY, ST, ZIP	MOBILE AL
TITLE	PST
NAME	BARKIN, TERRY S.
STREET ADDRESS	450 BEL AIR BLVD
CITY, ST, ZIP	MOBILE AL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 199.032(8), 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 this corporation or the registered agent or have been empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 or both, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

3-22-95

Date

476-7472

Telephone Number

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 4: 18

DOCUMENT # **P33440** (9)

1. Corporation Name

HOSPITAL BABY PICTURE SERVICE, INC.

Principal Place of Business

**459 FRANKLIN AVENUE
ALBUQUERQUE NM 87101**

Mailing Address

**459 FRANKLIN AVENUE
ALBUQUERQUE NM 87101**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1991

3a. Date of Last Report

03/08/1994

4. FEI Number

25-1642309

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

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS STREET, SUITE 2
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 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 based on printed name: Registered Agent for this corporation)

(NOTE: Registered Agent signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

SHIFLET, GARRETT J.

STREET ADDRESS

459 FRANKLIN AVENUE

CITY - ST - ZIP

ALBUQUERQUE NM 87101

TITLE

VST

NAME

SHIFLET, GARRETT J.

STREET ADDRESS

459 FRANKLIN AVENUE

CITY - ST - ZIP

ALBUQUERQUE NM 87101

TITLE

PD

NAME

WIESENMYER, BARBARA J.

STREET ADDRESS

9 OLD FARM ROAD

CITY - ST - ZIP

OXFORD OH

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(3)(b), 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 AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE-PRESIDENT 21 MARCH 1995

GARRETT J. SHIFLET

412-375-7911

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	--

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
25 MAR 28 PM 4:09

DOCUMENT # P33719 (6)
1. Corporation Name CONCEPT I, INC.

Principal Place of Business 1565 N. MILWAUKEE AVE. SUITE 16 LIBERTYVILLE IL 60048 US	Mailing Address 1565 N. MILWAUKEE AVE. SUITE 16 LIBERTYVILLE IL 60048 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 03/18/1991	3a. Date of Last Report 06/27/1994	4. FEI Number 36-3509661	Applied For ☐ 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			

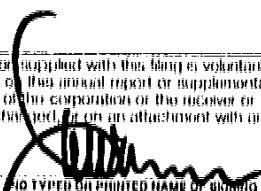
9. Name and Address of Current Registered Agent REGEN, EZRA, ATTORNEY 2063 MAIN STREET SARASOTA FL 34237	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
--	---

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 person printed name of registered agent and new if applicable (Printed Agent signature required after termination) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	DPS WASSERMAN, CARL 28451 N. RIDGE COURT MUNDELEIN IL	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY ST ZIP	☐ 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 110.07(3)(b), 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:  **3-75-95** **708-362-5411**
Signature of person 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. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 4:00

DOCUMENT # **P34626**

(2)

1. Corporation Name

MANUTECH ASSEMBLE, INC.

Principal Place of Business

8181 NW 91ST TERRACE
BLDG. 10
MIAMI FL 33166

Mailing Address

8181 NW 91ST TERRACE
BLDG. 10
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/13/1991

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

4. FEI Number
98-0072810

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

25. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

30. Country

9. Name and Address of Current Registered Agent

SEYFI SAMAD
8181 N.W. 91 TERR., BLDG. 10
MIAMI FL 33166

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 person in printed name of registered agent and the filer (if applicable)

Signature of Registered Agent (signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
KHOZOUER, FARHAD
#4 RUE HIPPOLYTE
PORT-AU-PRINCE, HAITI

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
VCD
DURBAN, NADIA Y.
#16 IMP AUBRY
PETIONVILLE, HAITI

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
PT
DURBAN, NADIA Y.
#16 IMP AUBRY
PETIONVILLE, HAITI

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
VD
SEYFI, SAMAD
8181 NW 91ST TERRACE
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
CDS
DURBAN, LANCE P.
#16 IMP AUBRY
PETIONVILLE, HAITI

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
COLON JEAN-EDOUARD
#4 RUE HIPPOLYTE
PORT-AU-PRINCE, HAITI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
D
KHOZOUER, FARHAD
#6 RUE HIPPOLYTE
PORT-AU-PRINCE, HAITI
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP
VD
COLON, JEAN-EDOUARD
#6 RUE HIPPOLYTE
PORT-AU-PRINCE, HAITI
☒ 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 110.07(c)(4), Florida Statutes. I further certify that the information indicated on this annual report is 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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/95

305-888-6512

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 28 PM 5: 31

DOCUMENT # P34862 (3)

1. Corporation Name

HANSEN ENGINEERING GROUP, INC.

Principal Place of Business

**2280 SCHUETZ ROAD, SUITE 224
ST. LOUIS MO 63146**

Mailing Address

**2280 SCHUETZ ROAD, SUITE 224
ST. LOUIS MO 63146**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1991

3a. Date of Last Report

04/13/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

43-1444217

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CREMIN, HELEN
19791 S.W. 88TH PLACE ROAD
DUNNELLON FL 34432**

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 date of signature

DATE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**PT
HANSEN, RONALD A.
9 SHAMBLIN DRIVE
FLORISSANT MO**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**VP
JACKSON, LANNY R
1502 MULE RD
COLUMBIA IL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ 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)(b), 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 as an attachment with an addendum.

SIGNATURE:

Ronald A. Hansen

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Jan. 10, 1995 314-997-7654

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 6:04

DOCUMENT # P35751 (7)

1. Corporation Name

TRIUMPH CORPORATE FINANCE GROUP, INC.

Principal Place of Business

222 LAKEVIEW AVE.
SUITE 160-268
WEST PALM BEACH FL 33401

Mailing Address

222 LAKEVIEW AVE.
SUITE 160-268
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

10/03/1991

3a. Date of Last Report

03/29/1994

4. FEI Number

04-3000915

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

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required when changing)

Signature of Registered Agent (Required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D

CHAPMAN, JOHN M.
49 MOULTON STREET
NEWTON MA

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VST

WILLIAMS, RICHARD J.
24 NEW MEADOWS ROAD
WINCHESTER MA

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D

WILLIAMS, RICHARD J.
24 NEW MEADOWS ROAD
WINCHESTER MA

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PD

MCCARTHY, FREDERICK W.
1519 N. OCEAN WAY
PALM BCH. FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐

Change

☐

Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐

Change

☐

Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐

Change

☐

Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐

Change

☐

Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐

Change

☐

Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐

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 110.07(2)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: X

Richard J. Williams

3/22/94

617-557-6000