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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:44

DOCUMENT # **P32243** **(8)**

1. Corporation Name
CAPRI, INC., A DELAWARE CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 1700 HELENA MT 59624	P.O. BOX 1700 HELENA MT 59624

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/20/1990
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 81-0267419 ☐ 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

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
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 _____ DATE
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	O'CONNELL, JAMES	12 NAME	JIM O'CONNELL	
STREET ADDRESS	516 FULLER AVENUE	13 STREET ADDRESS	516 FULLER AVE.	
CITY-ST-ZIP	HELENA MT	14 CITY-ST-ZIP	HELENA, MT 59601	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	CAMPBELL, DON. O	22 NAME	DAN GRUBER	
STREET ADDRESS	516 FULLER AVENUE	23 STREET ADDRESS	516 FULLER AVE.	
CITY-ST-ZIP	HELENA MT	24 CITY-ST-ZIP	HELENA, MT 59601	
TITLE	STD	31 TITLE	ST	☒ Change ☐ Addition
NAME	HEIDLE, LINDA R.	32 NAME	KIMMY DAVIS	
STREET ADDRESS	516 FULLER AVENUE	33 STREET ADDRESS	516 FULLER	
CITY-ST-ZIP	HELENA MT	34 CITY-ST-ZIP	HELENA, MT 59601	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	MELOY, PETER	42 NAME		
STREET ADDRESS	1317 NINTH AVENUE	43 STREET ADDRESS		
CITY-ST-ZIP	HELENA MT	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	KLINE, JOHN R.	52 NAME		
STREET ADDRESS	111 N. LAST CHANCE GULCH	53 STREET ADDRESS		
CITY-ST-ZIP	HELENA MT	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)(k), 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: J O'Connell JIM O'CONNELL, PRES. 4/3/95 406-442-3632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0499644 FN