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FILED

Feb 14 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P32243 (8)

1. Corporation Name

CAPRI, INC., A DELAWARE CORPORATION

Principal Place of Business

P.O. BOX 1700
HELENA MT 59624

Mailing Address

P.O. BOX 1700
HELENA MT 59624-1700

3. Date Incorporated or Qualified

12/20/1990

3a. Date of Last Report

04/24/1996

4. FEI Number

81-0267419

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. 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 Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETENAME O'CONNELL, JIM
STREET ADDRESS 516 FULLER AVENUE
CITY - ST - ZIP HELENA MT1.1 TITLE ☐ Change ☒ AdditionTITLE VD ☐ DELETENAME GRUBER, DAN
STREET ADDRESS 516 FULLER AVENUE
CITY - ST - ZIP HELENA MT

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP 59601

TITLE ST ☐ DELETENAME DAVIS, KIMMY
STREET ADDRESS 516 FULLER AVENUE
CITY - ST - ZIP HELENA MT2.1 TITLE ☐ Change ☒ AdditionTITLE C ☐ DELETENAME O'CONNELL, JAMES
STREET ADDRESS 516 FULLER AVE
CITY - ST - ZIP HELENA MT

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP 59601

TITLE D ☐ DELETENAME KLINE, JOHN R.
STREET ADDRESS 111 N. LAST CHANCE GULCH
CITY - ST - ZIP HELENA MT3.1 TITLE ☐ Change ☒ AdditionTITLE D ☐ DELETENAME BRUCK, DAVID
STREET ADDRESS 516 FULLER AVE
CITY - ST - ZIP HOLMES MT

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP 59601

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP 59601

14. I do hereby certify that the information supplied with this filing 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/197

Date

Daytime Phone #

CR2E034 (9/96)