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 FEB -6 PM 4:41

DOCUMENT # P32566 (2)

1. Corporation Name
PCA VALDOSTA CORPORATION

Principal Place of Business	Mailing Address
ATTN: T. E. MAYS 1010 MILAM STREET HOUSTON TX 77002	1603 ORRINGTON AVE TAX 15 EVANSTON IL 60201 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 1603 Orrington Ave	2a. Mailing Address 26
Suite, Apt. #, etc. 22 Tax - 15	Suite, Apt. #, etc. 27
City & State 23 Evanston, IL	City & State 28
Zip / Country 24 60201-3853 25 USA	Zip / Country 29 30

3. Date Incorporated or Qualified: 01/23/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 76-0328422 ☐ 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 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
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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	STECKO, P T	1.2 NAME	
STREET ADDRESS	1603 ORRINGTON AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	EVANSTON IL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HARLOW, R.D.	2.2 NAME	
STREET ADDRESS	1603 ORRINGTON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	EVANSTON IL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	SWEENEY, W.J.	3.2 NAME	
STREET ADDRESS	1603 ORRINGTON AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	EVANSTON IL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☑ Change ☐ Addition
NAME	FUQUA, R.E.	4.2 NAME	Page, Robert A.
STREET ADDRESS	1603 ORRINGTON AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	EVANSTON IL	4.4 CITY-ST-ZIP	
TITLE	VAS	5.1 TITLE	☐ Change ☐ Addition
NAME	TARONJI, J., JR.	5.2 NAME	
STREET ADDRESS	1603 ORRINGTON AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	EVANSTON IL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	STEWART, KARL A.	6.2 NAME	
STREET ADDRESS	1010 MILAM STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	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 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] 1/27/95 (708) 492-5778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0488888 FP