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 MAR 31 AM 11:51

DOCUMENT # **P33542** **(2)**

1. Corporation Name
MYSTECH ASSOCIATES, INC.

Principal Place of Business	Mailing Address
RT 184 N STONINGTON PROF CENTER N STONINGTON CT 06359 US	RT 184 N STONINGTON PROF CENTER N STONINGTON CT 06359 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1991
3a. Date of Last Report: 03/31/1994

2. Principal Place of Business
21 943 North Road
22 Suite, Apt. #, etc.
23 City & State: Groton, CT
24 Zip: 06340
25 Country: US

2a. Mailing Address
26 943 North Road
27 Suite, Apt. #, etc.
28 City & State: Groton, CT
29 Zip: 06340
30 Country: US

4. FEI Number: 06-0872497 ☐ 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	T	11 TITLE	TV	☒ Change ☐ Addition
NAME	BRACCI, STEVEN P.	12 NAME		
STREET ADDRESS	5205 LEESBURG PIKE, STE 1200	13 STREET ADDRESS	8307 Silverthorn Road	
CITY-ST-ZIP	FALLS CHURCH VA	14 CITY-ST-ZIP	Fairfax Station, VA 22039	
TITLE	VSD	21 TITLE		☐ Change ☐ Addition
NAME	DREGHORN, RICHARD T.	22 NAME		
STREET ADDRESS	25 HANGMAN HILL ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	N. STONINGTON CT	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	MANN, ROBERT M.	32 NAME		
STREET ADDRESS	1515 JEFFERSON DAVIS HWY	33 STREET ADDRESS	341 River Bend Road	
CITY-ST-ZIP	ARLINGTON VA	34 CITY-ST-ZIP	Great Falls, VA 22066	
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	YOUNG, DAVID L.	42 NAME		
STREET ADDRESS	6113 TAMMY DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA VA	44 CITY-ST-ZIP		
TITLE	VD	51 TITLE		☐ Change ☐ Addition
NAME	COTTER, ROBERT J., JR	52 NAME		
STREET ADDRESS	7310 JENNA ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD VA	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)(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 above, or on an attachment with an additional

SIGNATURE: Richard T. Dreghorn Richard T. Dreghorn, Secretary 3/28/95 (203)445-1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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95 MAR 32 PM 1:23

DOCUMENT # **P33570** **(3)**

1. Corporation Name
JAPAN TRAVEL BUREAU INTERNATIONAL INC.

Principal Place of Business	Mailing Address
787 SEVENTY AVE NEW YORK NY 10019 US	787 SEVENTH AVE NEW YORK NY 10019 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/15/1991**
3a. Date of Last Report: **02/02/1994**

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

4. FEI Number: **13-3598951** ☐ 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 _____ 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	YOKOMIZO, AKIO	1.2 NAME	
STREET ADDRESS	6-4 MARUNOUCHI, 1-CHROME	1.3 STREET ADDRESS	
CITY-ST-ZIP	TOKYO, JAPAN	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	OYAMA, SHUNICHI	2.2 NAME	
STREET ADDRESS	ONE ROCKEFELLER PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	LYTTLE, CAROL, JR.	3.2 NAME	
STREET ADDRESS	200 PARK AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	TAKAZAWA, NORIHARU	4.2 NAME	
STREET ADDRESS	787 7TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	YAMADA, TAKESHISA	5.2 NAME	
STREET ADDRESS	ONE ROCKEFELLER PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition
NAME	OKURA, RYO	6.2 NAME	
STREET ADDRESS	707 WILSHIRE BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	6.4 CITY-ST-ZIP	

14. I/We 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: TAKEHISA YAMADA, Treasurer 3/22/95 (212)698-4940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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DIVISION OF CORPORATIONS

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95 MAR 32 PM 1:26

DOCUMENT # **P34264** **(2)**

1. Corporation Name

ROCKY MOUNTAIN CONSULTANTS, INC.

Principal Place of Business	Mailing Address
700 FLORIDA AVE #500 LONGMONT CO 80501	700 FLORIDA AVE #500 LONGMONT CO 80501

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/11/1991	3a. Date of Last Report: 03/29/1994
4. FEI Number: 84-0628456	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	

21 Principal Place of Business	22 Suite, Apt. #, etc.	23 City & State	24 Zip	25 Country

26 Mailing Address	27 Suite, Apt. #, etc.	28 City & State	29 Zip	30 Country

9. Name and Address of Current Registered Agent

DEERE, CARMEN G.
6834 SW 35TH WAY
GAINESVILLE FL 32601

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	VECCHI, JENNIFER	1.2 NAME	
STREET ADDRESS	3509 CAMDEN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGMONT CO	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	DEERE, DON	2.2 NAME	
STREET ADDRESS	6820 FAIRWAYS DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGMONT CO	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SHEEDER, G.W. JR.	3.2 NAME	
STREET ADDRESS	1529 FRONTIER	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGMONT CO	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	AULT, DANIEL	4.2 NAME	
STREET ADDRESS	7835 MIDDLEFORK RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOULDER CO	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, LEONARD	5.2 NAME	
STREET ADDRESS	16233 E. LOUISIANA	5.3 STREET ADDRESS	
CITY-ST-ZIP	AURORA CO	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SCHULER, WILLIAM	6.2 NAME	
STREET ADDRESS	2770 S. ELMIRA #2	6.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO	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 added on an attachment with an address.

SIGNATURE: Don W. Deere 03-16-95 303-772-5282

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

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DOCUMENT # **P35521** **(4)**

1. Corporation Name
PRIME PLUS REALTY CORPORATION

Principal Place of Business	Mailing Address
C/O PARKEMORE CORPORATION P.O. BOX 500 CHADDS FORD PA 19317	C/O PARKEMORE CORPORATION P.O. BOX 500 CHADDS FORD PA 19317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1991	3a. Date of Last Report: 03/03/1994
4. FEI Number: 23-2435436	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	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 _____ 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	PSTD	11 TITLE	☐ Change ☐ Addition
NAME	MOORE, BRUCE E.	12 NAME	
STREET ADDRESS	PO BOX 500 NA	13 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA	14 CITY-ST-ZIP	
TITLE	VAS	21 TITLE	☐ Change ☐ Addition
NAME	DOYLE, DENISE M.	22 NAME	
STREET ADDRESS	PO BOX 500 NA	23 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA	24 CITY-ST-ZIP	
TITLE	VAS	31 TITLE	☐ Change ☐ Addition
NAME	PRICE, ELAINE C.	32 NAME	
STREET ADDRESS	PO BOX 500 NA	33 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA	34 CITY-ST-ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	PARKER-MOORE, DEBRA	42 NAME	
STREET ADDRESS	PO BOX 500 NA	43 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	CHERRY, KEITH	52 NAME	
STREET ADDRESS	PO BOX 500 NA	53 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA	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)(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 above, or on an attachment with an address.

SIGNATURE: [signature] President (610) 358-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #