FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P33815** (2)

1. Corporation Name

SUNBELT-DIX, INC.

Principal Place of Business

C/O PRICE. JAMES D.-TWO PENN PLAZA
SUITE 1585
NEW YORK NY 10121
US

Mailing Address

C/O JAMES L. MACNEIL. COOPERS & LYBRAND
100 PEARL ST.
HARTFORD CT 06103
US

3. Date Incorporated or Qualified: 05/03/1991
3a. Date of Last Report: 02/27/1995
4. FEI Number: 51-0335123 ☐ 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 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
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 ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	D,T	☐ Change ☒ Addition
NAME	PRICE, JAMES D.		1.2 NAME		
STREET ADDRESS	1172 PARK AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCAIFE, WILLAIAM O., JR.		2.2 NAME		
STREET ADDRESS	5050 EDGEWOOD COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCCOOK, RICHARD P.		3.2 NAME		
STREET ADDRESS	5050 EDGEWOOD COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BRYAN, J. SHEPARD, JR.		4.2 NAME		
STREET ADDRESS	5050 EDGEWOOD COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	RIPLEY, WAYNE E., JR.		5.2 NAME	R.D. Peterson	
STREET ADDRESS	5050 EDGEWOOD COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	Scott E. Butler	
STREET ADDRESS			6.3 STREET ADDRESS	Two Penn Plaza, Suite 1585	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	New York, NY 10121	

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: James D. Price 2/8/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
James D. Price

CR2E034 (12/95)