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

APPROVED AND FILED

95 MAY -1 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P34893** **(8)**

1. Corporation Name

SHIELDING SYSTEMS CORPORATION

Principal Place of Business	Mailing Address
2251 LUCIEN WAY. SUITE 300 MAITLAND FL 32751	2251 LUCIEN WAY. SUITE 300 MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1991	3a. Date of Last Report: 02/09/1994
4. FEI Number: 06-1187483	☐ 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 § 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 of new registered agent, if appointed) (Name of Registered Agent typed or printed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	11 TITLE	☐ Change ☐ Addition
NAME	~~DEL TORO, DUNCAN J.~~	12 NAME	
STREET ADDRESS	~~1440 SHADWELL CIRCLE~~	13 STREET ADDRESS	
CITY ST ZIP	~~HEATHROW FL~~	14 CITY ST ZIP	
TITLE	VPT	21 TITLE	☐ Change ☐ Addition
NAME	WILKINSON, BOB	22 NAME	
STREET ADDRESS	743 BEAR CREEK CIRCLE	23 STREET ADDRESS	
CITY ST ZIP	WINTER SPRINGS FL	24 CITY ST ZIP	
TITLE	~~VPD~~	31 TITLE	AS ☐ Change ☒ Addition
NAME	~~KAUFMAN, MARK~~	32 NAME	ELMER G. PROIM
STREET ADDRESS	~~78 WEST HILL CIRCLE~~	33 STREET ADDRESS	9040 GREENBROOK COURT
CITY ST ZIP	~~STAMFORD CT~~	34 CITY ST ZIP	ORLANDO FL 32819
TITLE	VPS	41 TITLE	☐ Change ☐ Addition
NAME	STEINHART, BARRY	42 NAME	
STREET ADDRESS	493 WINDING CREEK PLACE	43 STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL	44 CITY ST ZIP	
TITLE	CD	51 TITLE	☐ Change ☐ Addition
NAME	FICHTHORN, LUKE E. III	52 NAME	
STREET ADDRESS	514 HOLLOW TREE RIDGE RD	53 STREET ADDRESS	
CITY ST ZIP	DARIEN CT	54 CITY ST ZIP	
TITLE	AT	61 TITLE	AT ☐ Change ☒ Addition
NAME	~~MORTENSON, TIM~~	62 NAME	DREW M. ROGERS
STREET ADDRESS	~~834 LULLWATER DRIVE~~	63 STREET ADDRESS	1018 WINDSOR OAK DRIVE
CITY ST ZIP	~~OVIEDO FL~~	64 CITY ST ZIP	APOPKA FL 32703

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 the attachment with an address.

SIGNATURE: Drew M. Rogers 4/26/95 407 875 2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

DREW M. ROGERS, AS ST. TREASURER

0042001 CP