200.00 1-26-95 B-493 NC

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 JAN 26 PM 4:34

DOCUMENT # P36349 (9)

1. Corporation Name
SACHEM, INC.

Principal Place of Business	Mailing Address
P.O. BOX 485 AUTSIN TX XUSTIN, T US	P.O. BOX 485 AUSTIN TX 78767 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/14/1991
3a. Date of Last Report: 06/20/1994

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

4. FEI Number: 74-2286932 ☐ 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

MOONEY, BRIAN G.
5411 BEAUMONT CENTER BLVD., SUITE 700
TAMPA FL 33634

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 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 mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MOONEY, JOHN E.	12 NAME	
STREET ADDRESS	821 E. WOODWARD	13 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BARD, ALLEN J.	22 NAME	
STREET ADDRESS	6202 MOUNTAIN CLIMB	23 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BRANDT, FLOYD S.	32 NAME	
STREET ADDRESS	1100 RED BUD TRAIL	33 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HALE, CECIL H.	42 NAME	
STREET ADDRESS	1300 WINDSOR ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MOONEY, BRIAN G.	52 NAME	
STREET ADDRESS	5411 BEAUMONT CENTER BLV	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	VOLK, BILL	62 NAME	
STREET ADDRESS	600 CONGRESS	63 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX 78701	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)(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: John E. Mooney 01-19-95 512-444-3626
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN E. MOONEY PRESIDENT

0401266 FP