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 MAR -1 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P36595 (7)

1. Corporation Name
NATIONAL IPF COMPANY

Principal Place of Business	Mailing Address
1750 S. MESA DRIVE SUITE 100 MESA AZ 85210	P.O. BOX 8998 MESA AZ 85214

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/04/1991
3a. Date of Last Report: 05/01/1994

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: 86-0599758 ☐ 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	CP	1.1 TITLE	D	☐ Change ☒ Addition
NAME	STEPHAN, CLARKE W.	1.2 NAME	Lee, Michael K.	
STREET ADDRESS	1750 S. MESA DR., #100	1.3 STREET ADDRESS	1750 S. Mesa Dr., #100	
CITY-ST-ZIP	MESA AZ	1.4 CITY-ST-ZIP	Mesa, AZ 85210	
TITLE	D	2.1 TITLE	D	☐ Change ☒ Addition
NAME	HOFF, ROBERT	2.2 NAME	Lunn, Randall R.	
STREET ADDRESS	1750 S. MESA DR., #100	2.3 STREET ADDRESS	1750 S. Mesa Dr., #100	
CITY-ST-ZIP	MESA AZ	2.4 CITY-ST-ZIP	Mesa, AZ 85210	
TITLE	V	3.1 TITLE	V	☒ Change ☐ Addition
NAME	RIDING, JOHN L.	3.2 NAME	Riding, John L.	
STREET ADDRESS	305 E MAIN ST., #400	3.3 STREET ADDRESS	1750 S. Mesa Dr., #100	
CITY-ST-ZIP	MESA AZ	3.4 CITY-ST-ZIP	Mesa, AZ 85210	
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	BARLOW, GREGORY	4.2 NAME		
STREET ADDRESS	1750 S. MESA DR., #100	4.3 STREET ADDRESS		
CITY-ST-ZIP	MESA AZ	4.4 CITY-ST-ZIP		
TITLE	ST	5.1 TITLE		☐ Change ☐ Addition
NAME	WEIGHT, MARK H.	5.2 NAME		
STREET ADDRESS	1750 S. MESA DR., #100	5.3 STREET ADDRESS		
CITY-ST-ZIP	MESA AZ	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do 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: Mark H. Weight 2.21.95 602-545-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0401448 FP