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 24 PM 1:49

DOCUMENT # P36606 (2)

1. Corporation Name
ARGOSY GROUP, INC.

Principal Place of Business	Mailing Address
2934 WOODSIDE RD WOODSIDE CA 94062	~~2934 WOODSIDE RD~~ ~~WOODSIDE CA 94062~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/11/1991
3a. Date of Last Report: 04/25/1994

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 P. O. Box 22069
City & State
28 Lake Buena Vista, FL
Zip 29 32830 Country 30 USA

4. FEI Number: 94-3146220 ☐ 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

~~ROSE, ELLEN M.~~
~~1111 LINCOLN RD., SUITE 500~~
~~MIAMI BEACH FL 33139~~

10. Name and Address of New Registered Agent

81 Name: Genevieve Giannoni
82 Street Address (P.O. Box Number is Not Acceptable): 8651 Treasure Cay Lane
83
84 City: Orlando, FL 85 Zip Code: 32836

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: Genevieve Giannoni — 3/12/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VP/T ☐ Change ☒ Addition
NAME	ALFREE, HERBERT T.	1.2 NAME	Frey, Charles C.
STREET ADDRESS	3140 IVANREST AVE SW	1.3 STREET ADDRESS	8651 Treasure Cay Lane
CITY-ST-ZIP	GRANDVILLE MI	1.4 CITY-ST-ZIP	Orlando, FL 32836
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	GESSOW, ANDREW JODY	2.2 NAME	
STREET ADDRESS	2934 WOODSIDE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WOODSIDE CA	2.4 CITY-ST-ZIP	
TITLE	~~S~~	3.1 TITLE	☐ Change ☐ Addition
NAME	~~ROSE, LEO, III~~	3.2 NAME	
STREET ADDRESS	~~127 PEACHTREE ST., NE~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~ATLANTA GA~~	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☒ Change ☐ Addition
NAME	GIANNONI, GIGI	4.2 NAME	
STREET ADDRESS	8651 TREASURE CAY LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~LAKE BUENA VISTA FL~~	4.4 CITY-ST-ZIP	Orlando, FL 32836
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	DUNCAN, PATRICIA A	5.2 NAME	
STREET ADDRESS	2934 WOODSIDE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WOODSIDE CA	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 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: Charles C. Frey — CHARLES C. FREY — 3/14/95 — (407) 238-2627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04D1062 FN