

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 # P37913 (1)

1. Corporation Name

MCGAW, INC.



Principal Place of Business

2525 MCGAW AVENUE
IRVINE CA 92714

Mailing Address

PO BOX 19791
IRVINE CA 92713-9791
US

3. Date Incorporated or Qualified
03/16/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

33-0430760

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

(Signature of person designated as registered agent and the type of role)

(Signature of Registered Agent or signature of person designated as registered agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KLING, JOHN	
STREET ADDRESS	2525 MCGAW AVENUE	
CITY-STATE-ZIP	IRVINE CA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	TABERNILLA, ARMANDO A	
STREET ADDRESS	8800 NW 36TH STREET	
CITY-STATE-ZIP	MIAMI FL 33178	
TITLE	PCEO	<input checked="" type="checkbox"/> DELETE
NAME	GOODSPEED, NORWICK B. H.	
STREET ADDRESS	2525 MCGAW AVENUE	
CITY-STATE-ZIP	IRVINE CA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KRIST, ROBERT J.	
STREET ADDRESS	2525 MCGAW AVENUE	
CITY-STATE-ZIP	IRVINE CA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PFENNIGER, RICHARD C	
STREET ADDRESS	8800 NW 36TH STREET	
CITY-STATE-ZIP	MIAMI FL 33178	
TITLE	TV	<input checked="" type="checkbox"/> DELETE
NAME	HIRSHBERG, RICHARD	
STREET ADDRESS	2525 MCGAW AVE	
CITY-STATE-ZIP	IRVINE CA	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEE ATTACHED LIST
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dora B. Rubin, Assistant Secretary

1/19/96

Date

305-590-2200

Daytime Phone #

CR2E034 (12/95)