

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P38061** (8)

1. Corporation Name

CRITERION METALS, INC.



Principal Place of Business

**279 JENCKES HILL RD
SMITHFIELD RI 02917
US**

Mailing Address

**279 JENCKES HILL RD
SMITHFIELD RE 02917
US**

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

3. Date Incorporated or Qualified

03/23/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

05-0455152

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

**BESSETTE, RAYMOND JR.
11202 ST. JOHN'S INDUSTRIAL PKWY, SUITE 1
JACKSONVILLE FL 32216**

81 Name

David J. Connelly

82 Street Address (P.O. Box Number is Not Acceptable)

11202 St. Johns Industrial Pkwy

83

Suite 1

84 City

Jacksonville

FL

85 Zip Code

3 2 2 1 6

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 607.0503, Florida Statutes.

SIGNATURE

David J. Connelly

David J. Connelly, Branch Manager

04/12/96

(Signature, typed or printed name of registered agent and title of principal)

(NOTE: Registered Agent's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
BRUNO, PETER**
STREET ADDRESS **279 JENCKES HILL RD**
CITY-ST-ZIP **SMITHFIELD RI**

TITLE ☒ DELETE

NAME **ST
KESSEL, WILLIAM C**
STREET ADDRESS **279 JENCKES HILL RD**
CITY-ST-ZIP **SMITHFIELD RI**

TITLE ☐ DELETE

NAME **D
FRANKE, GUNTER**
STREET ADDRESS **110 COMSTOCK PKWY**
CITY-ST-ZIP **GERMANY RI**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

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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: *Peter J. Bruno* **PETER J. BRUNO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96

Date

401-334-4800

Daytime Phone #

CR2E034 (12/95)