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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Myrland
Secretary of State
THE BUREAU OF CORPORATIONS



DOCUMENT # **P38474** (3)

1. Corporation Name
LINEAL GROUP, INC.

Principal Place of Business: **201 SAMSONITE BLVD MURFREESBORO TN 37129**

Mailing Address: **201 SAMSONITE BLVD MURFREESBORO TN 37129**

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

3. Date Incorporated or Chartered: **04/23/1992** 3b. Date of Last Report: **05/01/1994**

4. FEI Number: **13-3346666** 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

7. The corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324**

10. Name and Address of New Registered Agent: **B1 Name: B2 Street Address (P.O. Box Number is Not Acceptable): B3: B4 City: FL B5 Zip Code:**

11. Pursuant to the provisions of Sections 607.0602 and 607.1908, Florida Statutes, the above-named corporation submits the 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 607.0603, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: C	NAME: DITRI, ARNOLD E.	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: DITRI, ARNOLD E.
STREET ADDRESS: 15 VALLEY DRIVE GREENWICH CT	CITY, ST, ZIP: GREENWICH CT	1. STREET ADDRESS: 300 CORPORATE CENTER DRIVE SUITE 100 CHESTERTON CORAOPOLIS, PA 15108	CITY, ST, ZIP: CHESTERTON PA 15108
2. TITLE: DP	NAME: ECHOLS, WILLIAM	2. TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: FRANK GALOUC
STREET ADDRESS: 201 SAMSONITE BLVD MURFREESBORO TN	CITY, ST, ZIP: MURFREESBORO TN	2. STREET ADDRESS: 201 SAMSONITE BLVD MURFREESBORO, TN 371330187	CITY, ST, ZIP: MURFREESBORO, TN 371330187
3. TITLE: DV	NAME: MCKELVIE, ALASTAIR H.	3. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: MCKELVIE, ALASTAIR H.
STREET ADDRESS: 15 VALLEY DRIVE GREENWICH CT	CITY, ST, ZIP: GREENWICH CT	3. STREET ADDRESS: 201 SAMSONITE BLVD MURFREESBORO, TN 37133-9189	CITY, ST, ZIP: MURFREESBORO, TN 37133-9189
4. TITLE: DV	NAME: HURSHMAN, JOHN	4. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: HURSHMAN, JOHN
STREET ADDRESS: 15 VALLEY DRIVE GREENWICH CT	CITY, ST, ZIP: GREENWICH CT	4. STREET ADDRESS: 201 SAMSONITE BLVD MURFREESBORO, TN 37133-0187	CITY, ST, ZIP: MURFREESBORO, TN 37133-0187
5. TITLE: S	NAME: PLOTKIN, ALAN	5. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: PLOTKIN, ALAN
STREET ADDRESS: 15 VALLEY DRIVE GREENWICH CT	CITY, ST, ZIP: GREENWICH CT	5. STREET ADDRESS: 645 FIFTH AVENUE NEW YORK, NY 10022	CITY, ST, ZIP: NEW YORK, NY 10022
6. TITLE: EXECUTIVE VP	NAME: EXECUTIVE VP	6. TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: DOUGLAS GROTE
STREET ADDRESS: _____	CITY, ST, ZIP: _____	6. STREET ADDRESS: 201 SAMSONITE BLVD MURFREESBORO, TN 37133-0187	CITY, ST, ZIP: MURFREESBORO, TN 37133-0187

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and checked and checked quality for the information stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made personally. 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 of this report with an address.

SIGNATURE: *[Signature]* DATE: **4/25/95 (615) 578-2202**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR