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 MAY -1 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P39010 (4)

1. Corporation Name

OGDEN CISCO, INC.

Principal Place of Business	Mailing Address
TWO PENNSYLVANIA PLAZA NEW YORK NY 10121	TWO PENNSYLVANIA PLAZA NEW YORK NY 10121

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/28/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 13-3670141	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM
1201 HAYES ST
STE 105
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	ABLON, R. RICHARD	NAME	
STREET ADDRESS	%TWO PENNSYLVANIA PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	CITY-ST-ZIP	
TITLE	VS	TITLE	☐ Change ☐ Addition
NAME	ALLEN, PETER	NAME	
STREET ADDRESS	%TWO PENNSYLVANIA PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	CITY-ST-ZIP	
TITLE	VTD	TITLE	☐ Change ☐ Addition
NAME	DIGIA, ROBERT M.	NAME	
STREET ADDRESS	%TWO PENNSYLVANIA PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	CITY-ST-ZIP	
TITLE	VAS	TITLE	AS ☒ Change ☐ Addition
NAME	ETTER, THOMAS C.	NAME	J.L. Effinger
STREET ADDRESS	%TWO PENNSYLVANIA PLAZA	STREET ADDRESS	2 Penn Plaza
CITY-ST-ZIP	NEW YORK NY	CITY-ST-ZIP	New York, N.Y. 10121
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	MUNROE, WALTER	NAME	
STREET ADDRESS	%TWO PENNSYLVANIA PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	CITY-ST-ZIP	
TITLE	VAS	TITLE	☐ Change ☐ Addition
NAME	PALMER, ISAAC	NAME	
STREET ADDRESS	%TWO PENNSYLVANIA PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	CITY-ST-ZIP	

14. I the undersigned, 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.

FORM APPROVED

SIGNATURE: [signature] 4/27/95 (212)868-6143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0473706 FP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

DOCUMENT # **P39167** **(2)**

95 APR -1 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

KIEFER ELECTRICAL SUPPLY CO.

Principal Place of Business

8033 TIGER LILY DRIVE
NAPLES FL 33962
US

Mailing Address

316 SW WASHINGTON
PEORIA IL 61602
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/05/1992**

3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business
21
Suite, Apt. # etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. # etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: **37-0364490** ☐ 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 nobility for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEMS
1200 S. PINE ISLAND RD.
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 Section 607.1905 and 607.1908, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12.	
1 TYPE	PTD	1 TYPE	☐ Change ☐ Addition
1 NAME	KIEFER, W.A.	1 NAME	
1 STREET ADDRESS	316 SW WASHINGTON ST.	1 STREET ADDRESS	
1 CITY-ST-ZIP	PEORIA IL	1 CITY-ST-ZIP	
2 TYPE	V	2 TYPE	Delete ☒ Change ☐ Addition
2 NAME	HONINGS, HARRY A.	2 NAME	
2 STREET ADDRESS	316 SW WASHINGTON ST.	2 STREET ADDRESS	
2 CITY-ST-ZIP	PEORIA IL	2 CITY-ST-ZIP	
3 TYPE	SD	3 TYPE	Delete ☒ Change ☐ Addition
3 NAME	PETERSEN, GENE A.	3 NAME	
3 STREET ADDRESS	800 CENTRAL BLDG.	3 STREET ADDRESS	
3 CITY-ST-ZIP	PEORIA IL	3 CITY-ST-ZIP	
4 TYPE	V	4 TYPE	Delete ☒ Change ☐ Addition
4 NAME	RANDY A. HEINLE	4 NAME	
4 STREET ADDRESS	316 SW WASHINGTON	4 STREET ADDRESS	
4 CITY-ST-ZIP	PEORIA IL	4 CITY-ST-ZIP	
5 TYPE	AS	5 TYPE	☐ Change ☐ Addition
5 NAME	PATRICIA E. FORD	5 NAME	
5 STREET ADDRESS	316 SW WASHINGTON	5 STREET ADDRESS	
5 CITY-ST-ZIP	PEORIA IL	5 CITY-ST-ZIP	
6 TYPE		6 TYPE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I further certify that the information supplied with this report is substantially complete and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an address.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95
Date

309-674-1143
Daytime Phone #

0488023 FN

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P39550 (9)

1. Corporate Name

AVATAR MORTGAGE FUNDING, INC.

Principal Place of Business

255 ALHAMBRA CIRCLE
9TH FL
CORAL GABLES FL 33314

Mailing Address

255 ALHAMBRA CIRCLE
9TH FL
CORAL GABLES FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1992

3a. Date of Last Report: 05/01/1994

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
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 65-0343033 ☐ 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

KERRIGAN, JUANITA I.
255 ALHAMBRA CIRCLE
9TH FL
CORAL GABLES FL 33134

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~VT~~	TITLE	☐ Change ☐ Addition
NAME	~~YANOPOULOS, JOHN J~~	NAME	
STREET ADDRESS	255 ALHAMBRA CIR.	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
TITLE	DV	TITLE	☐ Change ☐ Addition
NAME	GETMAN, DENNIS J.	NAME	
STREET ADDRESS	255 ALHAMBRA CIR.	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	MCNAIRY, CHARLES	NAME	
STREET ADDRESS	255 ALHAMBRA CIR.	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	FINKELSTEIN, ALAN	NAME	
STREET ADDRESS	255 ALHAMBRA CIRCLE / 9TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
TITLE	VSD	TITLE	☐ Change ☐ Addition
NAME	KERRIGAN, JUANITA I.	NAME	
STREET ADDRESS	255 ALHAMBRA CIR.	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
TITLE		TITLE	T ☐ Change ☒ Addition
NAME		NAME	SOPSHIN, JEFFREY
STREET ADDRESS		STREET ADDRESS	255 ALHAMBRA CIRCLE
CITY-ST-ZIP		CITY-ST-ZIP	CORAL GABLES, FL

14. I the undersigned, 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: Juanita I. Kerrigan, Secretary 4/20/95 (305) 442-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUANITA I. KERRIGAN

0141958 CP