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 23 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000013932 (8)

1. Corporation Name

OCEAN INLET REALTY, INC.

Principal Place of Business	Mailing Address
900 EAST OCEAN BLVD. SUITE 120 STUART FL 34994	900 EAST OCEAN BLVD. SUITE 120 STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1992	3a. Date of Last Report: 04/20/1994
4. FEI Number: 36-3879968	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 qualifies for exemption ... Florida Statutes	[ ] Yes [ ] No

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FRY, STEPHEN 900 E. OCEAN BLVD. SUITE 120 STUART FL 34994	81 Name: Michael H. Olenick 82 Street Address (P.O. Box Number is Not Acceptable): 900 E. Ocean Boulevard 83 Suite 120 84 City: Stuart FL 85 Zip Code: 34994

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 Michael H. Olenick [signature] 1/12/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	P [ ] Change [X] Addition
NAME	SCHUMACHER, DONALD A	1 NAME	
STREET ADDRESS	900 E OCEAN BLVD STE 120	1 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1 CITY-ST-ZIP	
TITLE		2 TITLE	[ ] Change [ ] Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE		3 TITLE	[ ] Change [ ] Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	[ ] Change [ ] Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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: [signature] 5-15-95 (312) 973-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Donald A. Schumacher

0390352 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # P92000015288 (3)

1. Current Name

WATERFALL CREATIONS, INC.

Principal Place of Business	Mailing Address
12800 44TH ST N CLEARWATER FL	12800 44TH ST N CLEARWATER FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1992	3a. Date of Last Report: 05/26/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. # etc. (22)	Suite, Apt. # etc. (27)
City & State (23)	City & State (28)
24 / 25	29 / 30
4. FEI Number: 59-3156640	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 initially filed to elect to be taxed under S. 1361 of Florida Statutes. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VEGAS, BRAD 12800 44TH ST N CLEARWATER FL 34622	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 607.0502 and 607.1008, 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/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS (if any)
91 TITLE	P	☐ Change ☐ Addition
92 NAME	VEGAS, BRAD	
93 STREET ADDRESS	1952 LAUGHING GULL LANE, STE. 1423	
94 CITY ST ZIP	CLEARWATER FL 34622	
95 TITLE		☐ Change ☐ Addition
96 NAME		
97 STREET ADDRESS		
98 CITY ST ZIP		
99 TITLE		☐ Change ☐ Addition
100 NAME		
101 STREET ADDRESS		
102 CITY ST ZIP		
103 TITLE		☐ Change ☐ Addition
104 NAME		
105 STREET ADDRESS		
106 CITY ST ZIP		
107 TITLE		☐ Change ☐ Addition
108 NAME		
109 STREET ADDRESS		
110 CITY ST ZIP		
111 TITLE		☐ Change ☐ Addition
112 NAME		
113 STREET ADDRESS		
114 CITY ST ZIP		

14. I hereby certify that the information supplied with this filing is absolutely true and accurate and that my electronic 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: Brad Vegas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 16, 1995 813 572-4952

Date / Area Code & Daytime Phone Number

0398200 CP

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
FILED

TALLAHASSEE, FLORIDA

DOCUMENT # **P92000015385 (7)**

1. Corporation Name

FINLAYSON ENTERPRISES, INC.

Principal Place of Business: 1602 BECK AVENUE, PANAMA CITY FL

Mailing Address: P O BOX 15446, PANAMA CITY FL 32406, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/28/1992**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3167888** ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
24 Zip
25 Country

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

9. **Name and Address of Current Registered Agent**

ISLER, CHARLES S III
434 MAGNOLIA AVE.
PANAMA CITY FL 32402

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

TITLE	D
NAME	FINLAYSON, CAROLYN P
STREET ADDRESS	3707 SHORE LINE CIRCLE
CITY-ST-ZIP	PANAMA CITY FL 32405
TITLE	D
NAME	FINLAYSON, JAMES A
STREET ADDRESS	3707 SHORE LINE CIRCLE
CITY-ST-ZIP	PANAMA CITY FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 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.

SIGNATURE: Carolyn P. Finlayson — 5-15-95 — (904) 785-7953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0410484 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

APPROVED
AND
FILED

DOCUMENT # **F93000000478 (8)**

1. Corporate Name
ENI INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Address
1516 TWEED STREET
COLORADO SPRINGS CO 80909-2845

Mailing Address
1516 TWEED STREET
COLORADO SPRINGS CO 80909-2845

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated / Qualified: 02/03/1993	3a. Date of Last Report: 04/20/1994
4. FEI Number: 84-1116488	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. Does corporation owe any liability for estimated tax under § 220.222 Florida Statutes: ☐ Yes ☐ No	

21 Principal Place of Business: 1516 Tweed Street
22 Suite, Apt. #, etc.:
23 City & State: Colorado Springs, CO
24 Zip: 80909
25 County: EL Paso

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

9. Name and Address of Current Registered Agent

DOEGE, LARRY B
4500 PALM COAST PARKWAY, SE
PALM COAST FL 32137

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 607.0505 or 607.1622 Florida Statute, 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: _____ TELEPHONE NUMBER: _____

12. OFFICER AND DIRECTOR(S)	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (A)
TITLE: DCP	☐ Change ☐ Addition
NAME: JONES, HARVEY L	
STREET ADDRESS: 1516 TWEED ST.	
CITY-ST-ZIP: COLORADO SPRINGS CO 80909-2845	
TITLE: ST	☐ Change ☐ Addition
NAME: JONES, PEGGIE R	
STREET ADDRESS: 1516 TWEED ST.	
CITY-ST-ZIP: COLORADO SPRINGS CO 80909-2845	
TITLE:	☐ Change ☐ Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	☐ Change ☐ Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	☐ Change ☐ Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	☐ Change ☐ Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

14. I hereby certify that the information supplied with this report is accurate and that this report qualifies for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation has complied with the applicable requirement to maintain a registered agent in the State of Florida. I am aware that any false information submitted in a document to the Department of State for the purpose of obtaining or maintaining registration as a registered agent is a felony of the third degree punishable as provided in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes.

SIGNATURE: _____ 5/15/95 (719) 597-1308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER
Harvey L. Jones

0401000 FN

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FILED
95 MAY 10 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000000481 (2)

1. Corporate Name

JAGRO CUSTOMS BROKERS AND INTERNATIONAL FREIGHT FORWARDERS, INC.

Principal Place of Business	Mailing Address
8400 NW 52ND STREET. SUITE 116 MIAMI FL 33166	8400 NW 52ND STREET. SUITE 116 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # or	Suite, Apt. # or
22	27
City & State	City & State
23	28
ZIP	County	ZIP	County
24	25	29	30

3. Date Incorporated / Qualified	3a. Date of Last Report
01/20/1993	04/06/1994

4. FEI Number: 13-3009245 ☐ 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 chargeable 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
CARLTON, KATHLEEN R 8400 NW 52ND STREET, SUITE 116 MIAMI FL 33166	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 607.0502 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

(If changing Registered Agent, Signature of New Registered Agent required below.) (If changing Registered Agent, signature of current Registered Agent required below.) Date

12. OFFICER AND DIRECTOR	13. ADDITIONS, CHANGES TO OFFICER AND DIRECTORS
CP GROB, GERHARD 1064 RAMAPO VALLEY ROAD MAHWAH NJ 07430	☐ Change ☐ Addition
DST JAISLI, JOHN 42 WINTHROP ROAD JAMESBURG NJ 08831	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is accurate and that such information complies with the requirements of Section 607.0505, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an address with an asterisk.

SIGNATURE: GERHARD GROB 5/17/95 201-375-6655

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0102741 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

DOCUMENT # F93000000803 (7)

1. Entity Name

INTERNATIONAL TRANSPORT SECURITY, INC.

Principal Place of Business	Mailing Address
5005 ROCKSIDE RD CLEVELAND OH 44131	5005 ROCKSIDE RD CLEVELAND OH 44131

(Changes Allowed for This Space)

3. Date Incorporated or Qualified: 02/03/1993

3a. Date of Last Report: 04/20/1994

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite Apt # or — 22:

Suite Apt # or — 27:

City & State — 23:

City & State — 28:

24: 25: 29: 30:

4. FEI Number: 34-1725253 — 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. The corporation has any of changes as under S. 607.1... Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HANNAH, TOMMIE J
TAMPA AIRPORT MARRIOTT
SUITE B-16
TAMPA FL 33607

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 607.0505 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

(If changing Registered Agent, Registered Agent must sign) — Date

12. OFFICER AND DIRECTOR		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
20 TYPE	PD	31 TYPE	☐ Change ☐ Addition
21 NAME	WEITZEL, ROBERT A	32 NAME	
22 STREET ADDRESS	5005 ROCKSIDE RD.	33 STREET ADDRESS	
23 CITY-ST-ZIP	CLEVELAND OH 44131	34 CITY-ST-ZIP	
20 TYPE	EVP	31 TYPE	☐ Change ☐ Addition
21 NAME	WOOD, NORMAN H	32 NAME	
22 STREET ADDRESS	5005 ROCKSIDE RD.	33 STREET ADDRESS	
23 CITY-ST-ZIP	CLEVELAND OH 44131	34 CITY-ST-ZIP	
20 TYPE	D	31 TYPE	☐ Change ☐ Addition
21 NAME	WEITZEL, JEANETTE R	32 NAME	
22 STREET ADDRESS	5005 ROCKSIDE RD.	33 STREET ADDRESS	
23 CITY-ST-ZIP	CLEVELAND OH 44131	34 CITY-ST-ZIP	
20 TYPE	VP	31 TYPE	☐ Change ☐ Addition
21 NAME	MAYER, CAROL A	32 NAME	
22 STREET ADDRESS	5005 ROCKSIDE RD.	33 STREET ADDRESS	
23 CITY-ST-ZIP	CLEVELAND OH 44131	34 CITY-ST-ZIP	
20 TYPE		31 TYPE	☐ Change ☐ Addition
21 NAME		32 NAME	
22 STREET ADDRESS		33 STREET ADDRESS	
23 CITY-ST-ZIP		34 CITY-ST-ZIP	
20 TYPE		31 TYPE	☐ Change ☐ Addition
21 NAME		32 NAME	
22 STREET ADDRESS		33 STREET ADDRESS	
23 CITY-ST-ZIP		34 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report, 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 report or supplemental annual report is true and accurate and that my signature shall constitute 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: [signature] 5/16/95

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date

0446348 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
AND
FILED

MAY 22 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000001345 (8)

1. Corporate Name
CHRYSLER M.S. CORPORATION

Principal Place of Business
225 HIGH RIDGE ROAD
STAMFORD CT 06905-3032

Mailing Address
225 HIGH RIDGE ROAD
STAMFORD CT 06905-3032

(Document Will Be Returned to the Above Address)

3. Date Incorporated or Qualified	3a. Date of Last Report
03/17/1993	05/01/1994

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

4. FEI Number: 06-1301253 — ☐ 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. Does corporation qualify for exemption under § 193.026 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

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 607.1622(2), Florida Statutes, for profit corporations only, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

(If Applicable)

12. OFFICER AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (If Any)
PCD BISHOP, WILLIAM S 225 HIGH RIDGE ROAD STAMFORD CT 06905-3032	☐ Change ☐ Addition
VD PETERSON, MICHAEL O 225 HIGH RIDGE ROAD STAMFORD CT 06905-3032	☐ Change ☐ Addition
S COZART, RICHARD M 225 HIGH RIDGE ROAD STAMFORD CT 06905-3032	☐ Change ☐ Addition
AT SIMMONS, RUBEN 225 HIGH RIDGE ROAD STAMFORD CT	☐ Change ☐ Addition
V BENNETT, R J 225 HIGH RIDGE ROAD STAMFORD CT 06905-3032	☐ Change ☐ Addition
V DALEY, S M 225 HIGH RIDGE ROAD STAMFORD CT 06905-3032	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is accurately recorded 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 the 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: Ruben Simmons 5/12/95 — 203-975-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0000410 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

MAY 22 10:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State

DOCUMENT # F93000001346 (6)

1. Corporate Name

CCI OF GEORGIA, INC.

Principal Place of Business

P O BOX 1745
ALBANY GA 31702

Mailing Address

P O BOX 1745
ALBANY GA 31702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1993

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

2 21 — 2a 26

4. FEI Number: 58-1995742 — Applied For / Not Applicable

22 — 27

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

23 — 28

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

24 City — 25 County — 29 City — 30 County

6. Does corporation have liability for intangible tax under S. 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

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 607.1622 and/or 608, 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 607.1505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12	
1. Title	PTCD	1. Title	☒ Change ☐ Addition
1. Name	HARDY, JULIE M	1. Name	
1. Street Address	419 W. OGLETHORPE BLVD., SUITE 207	1. Street Address	109 FLINT AVENUE
1. City-State-Zip	ALBANY GA 31701	1. City-State-Zip	ALBANY, GA 31701
2. Title	S	2. Title	☒ Change ☐ Addition
2. Name	HARDY, DAVID A	2. Name	
2. Street Address	419 W. OGLETHORPE BLVD., SUITE 207	2. Street Address	109 FLINT AVENUE
2. City-State-Zip	ALBANY GA 31701	2. City-State-Zip	ALBANY, GA 31701
3. Title		3. Title	☐ Change ☐ Addition
3. Name		3. Name	
3. Street Address		3. Street Address	
3. City-State-Zip		3. City-State-Zip	
4. Title		4. Title	☐ Change ☐ Addition
4. Name		4. Name	
4. Street Address		4. Street Address	
4. City-State-Zip		4. City-State-Zip	
5. Title		5. Title	☐ Change ☐ Addition
5. Name		5. Name	
5. Street Address		5. Street Address	
5. City-State-Zip		5. City-State-Zip	
6. Title		6. Title	☐ Change ☐ Addition
6. Name		6. Name	
6. Street Address		6. Street Address	
6. City-State-Zip		6. City-State-Zip	

14. I (we) hereby certify that the information supplied with this report is accurate and that such changes authorized by my agent, officers or directors for the reinstatement of this corporation, if applicable, is true and correct. I further certify that the corporation has complied with all applicable requirements of Florida Statutes pertaining to the change(s), if any, made in this report. I am aware that false information submitted in a document to the Department of State is a violation of Section 817.155, Florida Statutes.

SIGNATURE: Julie M Hardy — 5/10/95 — 912 438 1388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Telephone Number

0400107 FP