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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:13

DOCUMENT # **P93000032884 (7)**

1. Corporation Name
EMERALD VENTURE I, INC.

Principal Place of Business	Mailing Address
%LYNN CHIPPERFIELD 12415 BETSY ROSS LANE ST LOUIS MO 63146	%LYNN CHIPPERFIELD 12415 BETSY ROSS LANE ST LOUIS MO 63146

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/03/1993
3a. Date of Last Report: 04/18/1994
4. FEI Number: 43-1640662 ☐ 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
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

CHIPPERFIELD, ALAN
23 33RD AVENUE SOUTH
JACKSONVILLE FL 32250

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D, V	☐ Change ☑ Addition
NAME	YOSS, RALPH E	12 NAME		
STREET ADDRESS	225 POPLAR DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	LAKESIDE OH 43440	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	D, V	☐ Change ☑ Addition
NAME	YOSS, RICHARD	22 NAME		
STREET ADDRESS	PO BOX 271 N/A	23 STREET ADDRESS		
CITY-ST-ZIP	WOODSFIELD OH 43793	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D, P	☐ Change ☑ Addition
NAME	CHIPPERFIELD, LYNN	32 NAME		
STREET ADDRESS	12415 BETSY ROSS LANE	33 STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO 63146	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D, T	☑ Change ☐ Addition
NAME	COLE, RICHARD A	42 NAME	COLE, RICHARD A.	
STREET ADDRESS	1407 EDELWEISS DRIVE	43 STREET ADDRESS	8430 Vista Verde Place, N.W.	
CITY-ST-ZIP	ALLEN TX 75002	44 CITY-ST-ZIP	Albuquerque NM 87120	
TITLE	D	51 TITLE	D, S	☐ Change ☑ Addition
NAME	COLE, CHRISTOPHER J	52 NAME		
STREET ADDRESS	4510 PLANTATION CREEK DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	MISSOURI CITY TX 77459	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	D, V	☐ Change ☑ Addition
NAME	COLE, ROBERT G	62 NAME		
STREET ADDRESS	8304 FOUR WORLDS DRIVE	63 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH 45231	64 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: Lynn Chipperfield 2/15/95 314-862-7101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LYNN CHIPPERFIELD

0468885 FP