**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 7:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000057721

1. Corporation Name: C & D Services, Inc.

Principal Place of Business: 4989 Golden Gate Pkwy #188 Naples FL 33999

Mailing Address: Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8-17-93

3a. Date of Last Report: 4-7-94

2. Principal Place of Business
21 4989 Golden Gate Pkwy
22 Suite, Apt #, etc: #188
23 City & State: Naples FL
24 Zip: 33999
25 Country: USA

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

4. FEI Number: 65-0437275 — 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
Charles J Koelsch
2571 Citrus Lake Dr #204
Naples FL 33942

10. Name and Address of New Registered Agent
01 Name: Barbra Matyes
02 Street Address (P.O. Box Number is Not Acceptable): 734 9th Ave North
03
04 City: Naples FL 05 Zip Code: 33963

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: Barbra Matyes — 4-27-95
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | President | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | Charles J Koelsch | 1.2 NAME | |
| STREET ADDRESS | 215 W. Hutchinson St. | 1.3 STREET ADDRESS | |
| CITY ST ZIP | Pittsburgh PA 15218 | 1.4 CITY ST ZIP | |
| TITLE | Secretary | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | Diane L. Koelsch | 2.2 NAME | 100001482261 |
| STREET ADDRESS | 215 W. Hutchinson St. | 2.3 STREET ADDRESS | -05/10/95--01026--003 |
| CITY ST ZIP | Pittsburgh PA 15218 | 2.4 CITY ST ZIP | ****200.00 ****200.00 |
| TITLE | Board Member | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | Erica Ouellette | 3.2 NAME | |
| STREET ADDRESS | 227 West 4th Ave | 3.3 STREET ADDRESS | |
| CITY ST ZIP | Denver CO 80223 | 3.4 CITY ST ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY ST ZIP | | 4.4 CITY ST ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY ST ZIP | | 5.4 CITY ST ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY ST ZIP | | 6.4 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)(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:** Charles J Koelsch — 4-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
CHARLES J. Koelsch — Daytime Phone # 412-731-1404