

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000051088 (0)

1. Corporation Name

PRODUCTIVITY PARTNERS, INC.

Principal Place of Business

1095 SHOTGUN ROAD
SUNRISE FL 33326

Mailing Address

1095 SHOTGUN ROAD
SUNRISE FL 33326

FILED

95 JAN 25 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		07/11/1994			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0503533		Not Applicable	
City & State		City & State		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	
Zip		Country		24		25	
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NUGENT, BRIAN M
106 E. COLLEGE AVENUE
SUITE 1200
TALLAHASSEE FL 32301

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HERMANN, RICHARD F	1.2 NAME	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL 33326	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLOCKS, JAMES S	2.2 NAME	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL 33326	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ESCARZAGA, WALTER	3.2 NAME	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL 33326	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SOSCIA, LOUIS E	4.2 NAME	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL 33326	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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD F. HERMANN 1/9/95 3054243833