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 APR 27 AM 8:10

SEC... STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000070128 (1)

1. Corporation Name

CREDITORS COMMITTEE FOR CIL, INC.

Principal Place of Business	Mailing Address
4919 MEMORIAL HIGHWAY SUITE 222 TAMPA FL 33634	4919 MEMORIAL HIGHWAY SUITE 222 TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1994
3a. Date of Last Report:
4. FEI Number: 59-3284251 — 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	26 500 E. KENNEDY BLVD.
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27 SUITE 101
City & State 23	City & State 28 TAMPA, FL
Zip 24 / Country 25	Zip 29 33602 / Country 30

9. Name and Address of Current Registered Agent

David W. Steen,P.A.
500 E. Kennedy Blvd.#101
Tampa, FL 33602

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	
TITLE	D
NAME	VAUGHAN, JOHN T
STREET ADDRESS	17506 MALLARD COURT
CITY ST ZIP	LUTZ FL 33549
TITLE	D
NAME	TREMBLAY, GREGORY
STREET ADDRESS	% 529 MAIN STREET
CITY ST ZIP	BOSTON MA 02129
TITLE	D
NAME	HARDER, MICHAEL
STREET ADDRESS	% 2643 HUNTINGDON PIKE
CITY ST ZIP	HUNTINGDON VALLEY PA 19006
TITLE	D
NAME	MAUCH, ROBERT
STREET ADDRESS	% 34921 US 19 N., SUITE 415
CITY ST ZIP	PALM HARBOR FL 34684
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Blocks 1–6: TITLE, NAME, STREET ADDRESS, CITY ST ZIP — ☐ Change ☐ Addition — all blank)

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: John T Vaughan PRES IDENT — 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0301770 CP