FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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	500 E. KENNEDY BLVD. SUITE 101 TAMPA FL 33602 US

	2. Principal Place of Business		2a. Mailing Address
21	100 N. Tampa ST	26	100 N. Tampa ST
22	Suite, Apt #, etc. Suite 2800	27	Suite, Apt #, etc. Suite 2800
23	City & State Tampa, FL	28	City & State Tampa FL
24	Zip 33602	29	Zip 33602
25	Country USA	30	Country USA

3. Date Incorporated or Qualified: 09/21/1994
3a. Date of Last Report: 04/27/1995
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

9. Name and Address of Current Registered Agent

STEEN, DAVID W PA
500 E. KENNEDY BLVD. #101
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name: STEEN, DAVID W
82 Street Address (P.O. Box Number is Not Acceptable): 100 N. Tampa St.
83 Suite 2800
84 City: Tampa FL 85 Zip Code: 33602

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] David W. STeen 2/7/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 PRESIDENT 2/8/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #