FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

95 MAR -7 PM 3:41

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000087624 (0)

1. WYLA, INC.

Principal Place of Business: 6920 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE FL 32256

Mailing Address: 6920 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE FL 32256

3. Date Business Began in Florida: 12/02/1994

3a. Date of Last Report

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # — 22

Suite, Apt. # — 27

City, State — 23

City, State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: 59-3282661

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

FRAZIER, W R
1515 RIVERSIDE AVE, STE A
JACKSONVILLE FL 32204

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: Typed or Printed Name of Registered Agent — Date

12. OFFICERS AND DIRECTORS

D
BENIS, JOHN G
179 CHRISTOPHER ST
NEW YORK NY 10014

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 D/VP ☐ Change ☒ Addition
2.2 NAME John DeWees
2.3 STREET ADDRESS 36 Symor DR
2.4 CITY, ST, ZIP Convent Station, NJ 07961

3.1 TITLE S-VP ☐ Change ☒ Addition
3.2 NAME Theodore Marcus
3.3 STREET ADDRESS 3 Pair Edge Court
3.4 CITY, ST, ZIP Wayne, NJ 07470

4.1 TITLE D/VP ☐ Change ☒ Addition
4.2 NAME Edward Burnham
4.3 STREET ADDRESS 180 West End Ave
4.4 CITY, ST, ZIP NY NY 10023

5.1 TITLE D/VP ☐ Change ☒ Addition
5.2 NAME Charlene Walls
5.3 STREET ADDRESS 604 Castleberry Ct
5.4 CITY, ST, ZIP Jacksonville, FL 32259

6.1 TITLE Pres, D ☐ Change ☒ Addition
6.2 NAME Joseph Wiener
6.3 STREET ADDRESS 6 Brookdale Lane
6.4 CITY, ST, ZIP Chappaqua, NY 10514

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of the report or is attached with an address.

SIGNATURE: JOHN BENIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/95 — Date

212 242 7502 — Telephone

0021400 CP