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 # P95000071592

1. Corporation Name: CMP Diversified, Inc.

Principal Place of Business / Mailing Address

3. Date Incorporated or Qualified: 9-15-95

3a. Date of Last Report:

2. Principal Place of Business: [redacted]

Suite, Apt. #, etc.: 22 Suite 103

City & State: 23 Altamonte Springs, FL

Zip: 24 32701 Country: 25 USA

2a. Mailing Address: 26 P.O. Box 161075

Suite, Apt. #, etc.: 27

City & State: 28 Altamonte Springs, FL

Zip: 29 32716-1075 Country: 30 USA

4. FEI Number: 59-3334169 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

June Wallace
601 N. Atlantic Avenue
Unit #202
New Smyrna Beach, FL 32169

10. Name and Address of New Registered Agent

81 Name: June Wallace

82 Street Address (P.O. Box Number is Not Acceptable): 798 Seacrest Drive

83

84 City: Largo FL 85 Zip Code: 34641

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: June Wallace — Signature (typed or printed name of registered agent and title, if any) — June Wallace — Name of Registered Agent (signature required if not electronically) — 5/4/96 DATE

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Cheryl M. Peterson	
STREET ADDRESS	26 Lakeview Drive	
CITY-ST-ZIP	Farmington, CT 06032-2509	
TITLE	Vice President	☐ DELETE
NAME	Raymond W. Peterson	
STREET ADDRESS	26 Lakeview Drive	
CITY-ST-ZIP	Farmington, CT 06032-2509	
TITLE	Secretary	☐ DELETE
NAME	Eleanor M. Peterson	
STREET ADDRESS	26 Lakeview Drive	
CITY-ST-ZIP	Farmington, CT 06032-2509	
TITLE	Treasurer	☐ DELETE
NAME	Bertil R. Peterson	
STREET ADDRESS	5040 Redcliff Court	
CITY-ST-ZIP	Dunwoody, GA 30338	
TITLE	Director	☐ DELETE
NAME	Don E. Peterson	
STREET ADDRESS	12 Lovig Lane	
CITY-ST-ZIP	Hamden, CT 06518	
TITLE	Director	☐ DELETE
NAME	Craig E. Peterson	
STREET ADDRESS	12 Lovig Lane	
CITY-ST-ZIP	Hamden, CT 06518	

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	600001364036	
5.3 STREET ADDRESS	-06/17/96--01054--004	
5.4 CITY-ST-ZIP	***225.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

6/17/96

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: June Wallace Registered Agent — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 5/4/96 DATE — 407-331-7330 Daytime Phone #

June Wallace

CR2E034 (12/95)