FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # P95000092451 1. Corporation Name Conflex, Inc. Mailing Address Principal Place of Business 3a. Date of Last Report 3. Date Incorporated or Qualified 12-4-95 Applied For 4. Ff I Number 2a. Mailing Address 2. Principal Place of Business 39-1604115 Not Applicable 308 Tequesta Drive 308 Tequesta Drive 26 \$8.75 Additional Suite, Apt. #, etc Suite Apt. #, etc Suite 9 5. Certificate of Status Desired Fee Required Suite 9 22 \$5.00 May Be City & State
Tequesta, FL 6. Election Campaign Financing City & State Tequesta, FL \Box Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes Kino Country Country Zıp 33469 USA 33469 USA 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Dennis J. Budny Street Address (P.O. Box Number is Not Acceptable) 82 225 Beach Road 83 Tequesta, FL 33469 Zip Code 85 84 City 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 INCITE Registered Agent signature required when remataring Signature, typed or printed name of registered agent and the if acceptable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change 🙀 Addition DELETE 1.1 Bitte President TITLE Dennis J Budny 1.2 NAME NAME 225 Beach Road 1.3 STREET ADDRESS STREET ADDRESS 1.4 CHY - ST - ZIP Tequesta, FL 33469 CITY-ST-ZIP Addit:on Change DELFTE 2 1 TITLE Vice Prsident THILE William J Morrissey 22 NAME NAME 2 3 STREET ADDRESS 3339 Bridgegate Drive STREET ADDRESS <u>Jupiter, FL 33477</u> 2 4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition ** DELETE James T. Benton 3 1 TITLE TITLE 8100 N. 50th Street 3.2 NAME NAME 3.3 STREET ADDRESS Brown Deer, WI 53223 STREET ADDRESS 3 4 CITY - ST - ZIP Treasurer City-St-7iP DELETE ☐ Change Addition 4.1 TITLE TITLE Secretary 4.2 NAME William J. Farrell NAME 4.3 STREET ADDRESS 2560 Hwy 32 STREET ADDRESS Port Washington, WI 53074-0366 4.4 City - S1 - ZIP CITY-S1-ZIP Addition ☐ DELETE Change 5 1 TITLE TIFLE 5.2 NAME NAME 5.3 STREET ADDRESS STRELT ADDRESS 54 CHY - ST - ZIP CITY - ST-ZIP DELETE 6 1 TITLE 5000017865で -04/19/96--01012--019 TITLE

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 certify 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 or an attachment with an address

62 NAME 1

6.4 CITY - ST- ZIP

6.3 STREET ADDRESS

NAME

STREET ADDRESS

4-10-96 414-228-4090

***200.00

CR2E034 (12/95)