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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 2:25

DOCUMENT # U00011 (0)

1. Corporation Name
COOPERATING BRANDS INC.

Principal Place of Business
~~8026 LORRAINE AVE STE 205~~
STOCKTON CA 95210-4224

Mailing Address
~~8026 LORRAINE AVE STE 205~~
STOCKTON CA 95210-4224

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1985
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-2536576 — Applied For / Not Applicable

2. Principal Place of Business
21 So Citrus World
22 Suite, Apt. #, etc. North Hwy 27
23 City & State LAKE WALES Florida
24 Zip 33853 25 Country USA

2a. Mailing Address
26 P.O. Box 8486
27 Suite, Apt. #, etc.
28 City & State STOCKTON, CA
29 Zip 95208 30 Country USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
LATHAM, DAVID C
NORTH HWY 27
LAKE WALES FL 33853

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	LLEWELLYN, JACK	1.2 NAME		
STREET ADDRESS	1 OCEAN SPRAY DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKEVILLE-MDBORO MA	1.4 CITY-ST-ZIP		
TITLE	DST	2.1 TITLE		☒ Change ☐ Addition
NAME	~~SARAS, JAMES J~~	2.2 NAME	TERRY WITZEL	
STREET ADDRESS	1255 BATTERY STREET	2.3 STREET ADDRESS	1255 BATTERY STREET	
CITY-ST-ZIP	SAN FRANCISCO CA	2.4 CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	EVP	3.1 TITLE		☐ Change ☐ Addition
NAME	KAMINSKI, EDWARD L.	3.2 NAME		
STREET ADDRESS	~~8026 LORRAINE AVENUE SUITE 205~~ N/A	3.3 STREET ADDRESS	P.O. BOX 8486	
CITY-ST-ZIP	~~STOCKTON CA 95210~~	3.4 CITY-ST-ZIP	STOCKTON, CA 95208	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BALDWIN, EVERETT	4.2 NAME		
STREET ADDRESS	100 MAIN ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	CONCORD MA	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	ARSHBURN, JOSEPH D	5.2 NAME		
STREET ADDRESS	HWY 27 NORTH	5.3 STREET ADDRESS		
CITY-ST-ZIP	E WALES FL	5.4 CITY-ST-ZIP		
		6.1 TITLE		☐ Change ☐ Addition
	SON, HAROLD	6.2 NAME		
	ALTON AVE	6.3 STREET ADDRESS		
	ITY CA	6.4 CITY-ST-ZIP		

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 [illegible] in 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 [illegible] or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name [illegible] block 13 if changed, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
E. L. Kaminski E.V.P. / G.M. 1/20/95 209 931 2011

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