

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V19458 (1)

1. Corporation Name
SIX SIGMA, INC.



Principal Place of Business 8310 MERGANSER DRIVE PONTE VEDRA BEACH FL 32082 US	Mailing Address 14286 BEACH BLVD. #28 JACKSONVILLE FL 32250 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 P.O. Box 1252 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30	3. Date Incorporated or Qualified 03/06/1992	3a. Date of Last Report 06/23/1995	4. FEI Number 59-3109798	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			

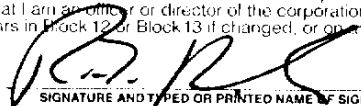
9. Name and Address of Current Registered Agent KOZIKOWSKI, RAY 8310 MERGANSER DR. PONTE VEDRA BEACH FL 32082	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant 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 _____ (NOTE: Registered Agent's signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOZIKOWSKI, RAY 12 PERRY DRIVE CRANBURY N.	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	Vice President Kozikowski, Ray 8310 Merganser Drive Ponte Vedra Beach, FL 32082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VADNAIS, JOHN 30 MEAD STREET #2 STAMFORD, CN	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	Vice President Vadnais, John P.O. Box 340 East Greenbush, NY 12061
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURNS, V. DAVID 10 RIDGE DR. CHAPPAQUA NY	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	Vice President Burns, V. David 13 Updike Mills Road Belle Meade, NJ 08502
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	Vice President Rossi, David J. 41 Mount Kimble Avenue Morristown, NJ
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	Vice President Salzillo, Mike J. 192 Dickens Court Somerset, NJ 08873
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

CR2E034 (3/96)