(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1993

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation. DOCUMENT # 017109 (0)

P93000059

THE CORPORATION COMPANY
% C.T. CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324-4459

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/23/1925	07/21/1992

FILING FEE $200.00	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE	4. FEI Number: 510099484	Applied For / Not Applicable

2. Mailing Address	2a. Principle Place of Business	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required.
21	26 1200 S. Pine Island Rd.		
Suite, Apt #, etc 22	Suite, Apt #, etc 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28 Plantation, Fl	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$138.75 Supplemental Fee Not Required
Zip / Country 24 / 25	Zip / Country 29 33324 4459 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL / 85 Zip Code / 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 (Registered Agent & Qualifying Agent) DATE

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE 1.2 NAME 1.3 ADDRESS 1.4 CITY ST ZIP	P/D THORNE, OAKLEIGH B. 1209 ORANGE STREET WILMINGTON DE	1.1 TITLE 1.2 NAME 1.3 ADDRESS 1.4 CITY ST ZIP	
2.1 TITLE 2.2 NAME 2.3 ADDRESS 2.4 CITY ST ZIP	T FINORA, JOSEPH J. 1209 ORANGE STREET WILMINGTON DE	2.1 TITLE 2.2 NAME 2.3 ADDRESS 2.4 CITY ST ZIP	
3.1 TITLE 3.2 NAME 3.3 ADDRESS 3.4 CITY ST ZIP	~~V/D~~ ~~KELLY, JOHN B.~~ ~~1209 ORANGE STREET~~ ~~WILMINGTON DE~~	3.1 TITLE 3.2 NAME 3.3 ADDRESS 3.4 CITY ST ZIP	V/D STAATERMAN, ROBYN 1209 ORANGE ST. WILMINGTON, DE 19801
4.1 TITLE 4.2 NAME 4.3 ADDRESS 4.4 CITY ST ZIP	~~S~~ ~~MILONE, THERESA~~ ~~1209 ORANGE STREET~~ ~~WILMINGTON DE~~	4.1 TITLE 4.2 NAME 4.3 ADDRESS 4.4 CITY ST ZIP	S MILONE, THERESA 2700 LAKE COOK RD. RIVERWOODS, IL 60015
5.1 TITLE 5.2 NAME 5.3 ADDRESS 5.4 CITY ST ZIP	~~A/S~~ ~~ALLEN, DONALD W.~~ ~~875 N. BROWARD BLVD~~ ~~PLANTATION FL~~	5.1 TITLE 5.2 NAME 5.3 ADDRESS 5.4 CITY ST ZIP	A/S BOUTILIER, ANN 1200 S. PINE ISLAND RD. PLANTATION FL 33324
6.1 TITLE 6.2 NAME 6.3 ADDRESS 6.4 CITY ST ZIP	~~V/D~~ ~~CRUTON, HERBERT R.~~ ~~1209 ORANGE STREET~~ ~~WILMINGTON DE~~	6.1 TITLE 6.2 NAME 6.3 ADDRESS 6.4 CITY ST ZIP	V/D LYNCH, JOHN J. 1209 ORANGE ST. WILMINGTON, DE 19801

14. I 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; I further 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 Block 13 or on an attachment with an address.

SIGNATURE Joseph J. Finora DATE 4/28/93

Print/Type Name of Signing Officer or Director	Title(s)	Daytime Telephone Number
Joseph J. Finora	Treasurer	( )

CR2E.JM (11-92)