FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 MAY -1 AM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **420224** **(8)**

1. Corporation Name
TRUPAR AMERICA, INC.

Principal Place of Business	Mailing Address
1147 COCHRAN MILL ROAD PITTSBURGH PA 15236	1147 COCHRAN MILL ROAD PITTSBURGH PA 15236

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/01/1973
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 160 WILSON ROAD
Suite, Apt. #, etc. 22
City & State 23 BENTLEYVILLE, PA 15314
Zip 24 15314 Country 25 USA

2a. Mailing Address
26 160 WILSON ROAD
Suite, Apt. #, etc. 27
City & State 28 BENTLEYVILLE, PA 15314
Zip 29 15314 Country 30 USA

4. FEI Number: 59-1453000 ☐ 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

HART, TIMOTHY
3811 SW 47TH AVENUE, SUITE 609
FT. LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 2460 N.W.17TH LANE
83
84 City: POMPANO BEACH FL 85 Zip Code: 33064

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 reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MCDONNELL, THOMAS	12 NAME	
STREET ADDRESS	209 PLEASANT VIEW CT	13 STREET ADDRESS	
CITY-ST-ZIP	JEFFERSON BORO PA	14 CITY-ST-ZIP	
TITLE	STM	21 TITLE	☐ Change ☐ Addition
NAME	MCDONNELL, DEBRA	22 NAME	
STREET ADDRESS	209 PLEASANT VIEW CT	23 STREET ADDRESS	
CITY-ST-ZIP	JEFFERSON BORO PA	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(i), 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: DEBRA J. MCDONNELL, V.P. 4-25-95 412-239-2220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04/1114 FP