

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 14 AM 10:10

DOCUMENT # 852044 (7)

1. Corporation Name
HERAEUS DSET LABORATORIES, INC.

Principal Place of Business: 45601 NO 47TH AVE. PHOENIX AZ 85027-4042
Mailing Address: 45601 NO 47TH AVE. PHOENIX AZ 85027-4042

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1982
3a. Date of Last Report: 03/29/1994

| | | | | | | | |
|--------------------------------|-----|---------------------|---------|---|-----|---|---------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 86-0282292 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation has liability for interstate tax under s. 199.032, Florida Statutes | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23 | | 28 | | | | | |
| 24 | Zip | 25 | Country | 29 | Zip | 30 | Country |

| | | | | | | | |
|--|--|--|--|--|--|----|----|
| 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 |

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 signature required after meeting) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|--|
| TITLE | D | 1. TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RAIMUND, LAND | 2. NAME | Thomas Ihlenfeldt |
| STREET ADDRESS | HERAEUSSTRASSE 12-14 | 3. STREET ADDRESS | 575 Cottonwood |
| CITY, ST, ZIP | HAUN GE | 4. CITY, ST, ZIP | Milpitas, CA 95035 |
| TITLE | SD | 21. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBBINS III, JOSEPH S. | 22. NAME | Raimund Lang |
| STREET ADDRESS | 1245 W. RUTH | 23. STREET ADDRESS | Delete as of 12/31/94 |
| CITY, ST, ZIP | PHOENIX, AZ 00000 | 24. CITY, ST, ZIP | |
| TITLE | | 31. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32. NAME | |
| STREET ADDRESS | | 33. STREET ADDRESS | |
| CITY, ST, ZIP | | 34. CITY, ST, ZIP | |
| TITLE | | 41. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42. NAME | |
| STREET ADDRESS | | 43. STREET ADDRESS | |
| CITY, ST, ZIP | | 44. CITY, ST, ZIP | |
| TITLE | | 51. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52. NAME | |
| STREET ADDRESS | | 53. STREET ADDRESS | |
| CITY, ST, ZIP | | 54. CITY, ST, ZIP | |
| TITLE | | 61. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph S. Robbins III Joseph S. Robbins III 6/6/95
DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (602) 465-7356

CR2E034 (3/95)

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
6/1/95 10:05

DOCUMENT # **F92000000545 (5)**

1. Corporation Name
HUNTINGTON ROOFING INC.

Principal Place of Business Mailing Address
910 N. HIGHLAND AVE. INDIANAPOLIS IN 46202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/08/1992** 3a. Date of Last Report **04/04/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip County 28 Zip County

4. FEI Number **35-1395277** 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. 119.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**HUNTINGTON, JAMES R
2163 ACORN MANOR
MIDDLEBURG FL 32068**

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: *[Signature]*

Signature of and printed name of registered agent and the applicant

NOTE: Registered Agent signature required when reissuing

DATE: **6/1/95**

12. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------------|
| TITLE | P |
| NAME | HUNTINGTON, MARY ANN |
| STREET ADDRESS | 5145 FALL CREEK RD. |
| CITY ST ZIP | INDIANAPOLIS IN 46220 |
| TITLE | VP |
| NAME | HUNTINGTON, JAMES ROBERT |
| STREET ADDRESS | 7933 RIDGEGATE W. DR. |
| CITY ST ZIP | INDIANAPOLIS IN 46236 |
| TITLE | S |
| NAME | HUNTINGTON, DAVID MICHAEL |
| STREET ADDRESS | 12053 LAUREL OAKS DR. |
| CITY ST ZIP | INDIANAPOLIS IN 46220 |
| TITLE | T |
| NAME | HUNTINGTON, ROBERT FREEMAN |
| STREET ADDRESS | 5145 FALL CREEK RD. |
| CITY ST ZIP | INDIANAPOLIS IN 46220 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY ST ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY ST ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY ST ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY ST ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY ST ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 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 110.07(3)(b), Florida Statutes. I further certify that the information indicated in 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 officer 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 and immediately or in conjunction with an address.

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

DATE: **6/1/95**
DATE

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN 15 1995

DOCUMENT # F92000000598 (4)

1. Corporation Name
JEWISH HERITAGE TOURS LTD., INC.

Principal Place of Business Mailing Address
**C/O GUSRAE, KAPLAN & BRUNO
120 WALL STREET
NEW YORK NY 10005** **C/O GUSRAE, KAPLAN & BRUNO
120 WALL STREET
NEW YORK NY 10005**

DO NOT WRITE IN THIS SPACE

| | | | |
|--|---------------|--|---------------|
| 3. Date Incorporated or Qualified 12/10/1992 | | 3a. Date of Last Report 06/21/1994 | |
| 4. FEI Number 13-3037121 | | Applied For Not Applicable | |
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | |
| Suite, Apt #, etc. 22 | | Suite, Apt #, etc. 27 | |
| City & State 23 | | City & State 28 | |
| Zip 24 | Country 25 | Zip 29 | Country 30 |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | | B1 Name | | | |
| | | | | B2 Street Address (P O Box Number is Not Acceptable) | | | |
| | | | | B3 | | | |
| | | | | B4 City FL B5 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 based on printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when transferring)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAPLAN, MARILYN | 1.2 NAME | |
| STREET ADDRESS | C/O 120 WALL STREET | 1.3 STREET ADDRESS | |
| CITY ST ZIP | NEW YORK NY 10005 | 1.4 CITY ST ZIP | |
| TITLE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY ST ZIP | | 2.4 CITY ST ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY ST ZIP | | 3.4 CITY ST ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY ST ZIP | | 4.4 CITY ST ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY ST ZIP | | 5.4 CITY ST ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY ST ZIP | | 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 110.07(3)(a), 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: *Marilyn Kaplan* Date: *6/12/95*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E094 (3/95)