

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. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUL 17 AM 9:47

DOCUMENT # **F94000005381 (8)**

1. Corporation Name

CAMBRIDGE DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

RIVERFRONT PLAZA
 901 EAST BYRD STREET
 RICHMOND VA 23219

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 901 EAST BYRD STREET
 RICHMOND VA 23219

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10/17/1994

N/A

4. FEI Number

Applied For

54-1609969

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

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 (typed or printed name of registered agent and title if applicable)

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	QUINN, PETER J JR
STREET ADDRESS	6341 RIDGEWAY ROAD
CITY - ST - ZIP	RICHMOND VA 23226
TITLE	V
NAME	COSTELLO, PAUL F
STREET ADDRESS	3012 NORTHLAKE DRIVE
CITY - ST - ZIP	RICHMOND VA 23233
TITLE	V
NAME	REID, FRANKLIN L JR
STREET ADDRESS	4902 TAG PLACE
CITY - ST - ZIP	GLEN ALLEN VA 23060
TITLE	S
NAME	HARRIS, JONATHAN M
STREET ADDRESS	337 OAK LANE
CITY - ST - ZIP	RICHMOND VA 23228
TITLE	AS
NAME	IVAN, JOHN M
STREET ADDRESS	12309 PLEASANT LAKE TERRACE
CITY - ST - ZIP	RICHMOND VA 23233
TITLE	T
NAME	SOUDERS, THOMAS L
STREET ADDRESS	408E NORTH HAMILTON STREET
CITY - ST - ZIP	RICHMOND VA 23221

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	Senior Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	Delete
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Howard T. Macrae, Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
 Howard T. Macrae, Jr., Assistant Secretary

DATE 6/21/95

TELEPHONE NUMBER 804-782-3595

CR2E034 (3/95)

F04-5381

Additions

Raymond L. Dinkel
Vice President
821 N.W. 85th Terrace, #2220
Plantation, FL 33324

Howard T. Macrae, Jr.
Assistant Secretary
503 Kilmarnock Drive
Richmond, VA 23229

David J. Kowach
Vice President
1162 Sunset Drive
Latrobe, PA 15650

Julie K. Meyer
Vice President

F:\Macrae\623

F44-5381

CAMBRIDGE DISTRIBUTORS, INC.

Last Name	First Name, M.I. Title	Street	City	State	Zip
Costello	Paul S.	3012 North Lake Drive	Richmond	VA	23233
Dinkel	Raymond L.	821 NW 85th Terrace, #22220	Plantation	FL	33324
Harris	Jonathan M.	337 Oak Lane	Richmond	VA	23226
Ivan	John M.	12309 Pleasant Lake Terr.	Richmond	VA	23233
Kowach	David J.	1162 Sunset Drive	Latrobe	PA	15650
Macrae	Howard T. Jr.	503 Kilmarnock Drive	Richmond	VA	23229
Oulm	Peter J. Jr.	6341 Ridgeway Road	Richmond	VA	23226
Oulm	Peter J. Jr.	6341 Ridgeway Road	Richmond	VA	23226
Rouders	Thomas L.	409E N. Hamilton Street	Richmond	VA	23221
Wilson	Robert P.	3758 Churchwood Place	Richmond	VA	23233