

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04359** (6)

1. Corporation Name
OIL-DRI CORPORATION OF AMERICA

Principal Place of Business: **410 N MICHIGAN AVE CHICAGO IL 60611 US**
Mailing Address: **410 N MICHIGAN AVE CHICAGO IL 60611 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/17/1984**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	36-2048898	<input type="checkbox"/> Not Applicable
State, Apt. # etc.	State, 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	28	29
23	28	8. This corporation has liability for intangible tax under S. 199(2)(2), Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

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

11. Pursuant to the provisions of Sections 607.01(4) and 607.01(5), 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 a registered agent under Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent)

(Signature of New Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	PD JAFFEE, RICHARD M. 410 N MICHIGAN AVE CHICAGO IL	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V HARDIN, RICHARD V. 410 N MICHIGAN AVE CHICAGO IL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	S SWERDLIK, ALBERT L. 410 N MICHIGAN AVE CHICAGO IL	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	T PIETROWSKI, RICHARD 410 N MICHIGAN AVE CHICAGO IL	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	D JAFFEE, ROBERT D. 901 KILPATRICK AVE. CHICAGO IL	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D COLE, J. STEVEN 1407 CUMMINGS DR. RICHMOND VA	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199(2)(2), Florida Statutes. I further certify that the information indicated on this annual report or appointment 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 this corporation or the president or treasurer thereof, as indicated on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or appointment annual report with an address.

SIGNATURE:

Richard Pietrowski TREASURER 17 MAY 95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CORPORATION
ANNUAL REPORT
1995



NEW YORK DEPARTMENT OF STATE
John H. Martin
Secretary of State
120 NASSAU ST., 12TH FLOOR
ALBANY, NY 12242-1200

DOCUMENT # **P07210** (8)
Q.E.P. CO., INC.

APPROVED
AND
FILED

05 MAY 20 1995 15

DEPT. OF STATE
ALBANY, NEW YORK

Principal Place of Business: **STONY POINT INDUSTRIAL PARK
P.O. BOX 678
STONY POINT, NY. 10980-7678**

Mail Center: **STONY POINT INDUSTRIAL PARK
P.O. BOX 678
STONY POINT, NY. 10980-7678**

DO NOT WRITE IN THIS SPACE

3. Filing Date (Month/Day/Year)	3a. Date of Last Report
08/26/1985	05/01/1994
4. File Number	Applied Fee
13-2983807	First Application
5. Available Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Electronic Computer Filing Fee <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. Do you accept the liability for information under 5, 1995? (Yes <input type="checkbox"/> No <input type="checkbox"/>)	

2. Principal Place of Business	2a. Mailing Address
21. 575 CORPORATE DRIVE	26. 575 CORPORATE DRIVE
22. SUITE 410	27. SUITE 410
23. MAHWAH NJ	28. MAHWAH NJ
24. 07430	29. 07430
25. USA	30. USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent					
BEHRENFELD, WILLIAM H. 2063 MAIN STREET SARASOTA FL 33577	<table border="1"> <tr><td>81. Name</td></tr> <tr><td>82. Street Address (Not Box Number - Not Accreditation)</td></tr> <tr><td>83. City</td></tr> <tr><td>84. State</td></tr> <tr><td>85. Zip Code</td></tr> </table>	81. Name	82. Street Address (Not Box Number - Not Accreditation)	83. City	84. State	85. Zip Code
81. Name						
82. Street Address (Not Box Number - Not Accreditation)						
83. City						
84. State						
85. Zip Code						

11. I consent to the proposed change of registered agent for the purpose of changing my registered office and to accept the liability for information under 5, 1995, and to accept the appointment as registered agent for the purpose of changing my registered office and to accept the liability for information under 5, 1995.

12. ADDITIONAL REGISTERED AGENTS	13. ADDITIONAL REGISTERED AGENTS																																																						
<table border="1"> <tr><td>NAME</td><td>PD GOULD, LEWIS</td></tr> <tr><td>ADDRESS</td><td>2687 N. OCEAN BLVD. BOCA RATON FL</td></tr> <tr><td>CITY</td><td>VSD</td></tr> <tr><td>NAME</td><td>GOULD, SUSAN</td></tr> <tr><td>ADDRESS</td><td>209 DEVRIES DRIVE PIERMONT NY</td></tr> <tr><td>CITY</td><td>D</td></tr> <tr><td>NAME</td><td>LEVY, SYDNEY</td></tr> <tr><td>ADDRESS</td><td>1605 LINTON LAKE DR SL101 DELRAY BEACH FL</td></tr> <tr><td>CITY</td><td>TD</td></tr> <tr><td>NAME</td><td>DAGGETT, PATRICK L.</td></tr> <tr><td>ADDRESS</td><td>2558 HEMLOCK FARMS HAWLEY PA</td></tr> <tr><td>CITY</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>ADDRESS</td><td></td></tr> <tr><td>CITY</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>ADDRESS</td><td></td></tr> <tr><td>CITY</td><td></td></tr> </table>	NAME	PD GOULD, LEWIS	ADDRESS	2687 N. OCEAN BLVD. BOCA RATON FL	CITY	VSD	NAME	GOULD, SUSAN	ADDRESS	209 DEVRIES DRIVE PIERMONT NY	CITY	D	NAME	LEVY, SYDNEY	ADDRESS	1605 LINTON LAKE DR SL101 DELRAY BEACH FL	CITY	TD	NAME	DAGGETT, PATRICK L.	ADDRESS	2558 HEMLOCK FARMS HAWLEY PA	CITY		NAME		ADDRESS		CITY		NAME		ADDRESS		CITY		<table border="1"> <tr><td>NAME</td><td></td></tr> <tr><td>ADDRESS</td><td>2916 SOUTH OCEAN BLVD. NIGHLAND BEACH, FL 33487</td></tr> <tr><td>CITY</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>ADDRESS</td><td>DELETE</td></tr> <tr><td>CITY</td><td></td></tr> <tr><td>NAME</td><td>D</td></tr> <tr><td>ADDRESS</td><td>EDWARD F. ROMAN JR 30 MAIN ST. SUITE 500 DANBURY, CT 06810</td></tr> <tr><td>CITY</td><td></td></tr> </table>	NAME		ADDRESS	2916 SOUTH OCEAN BLVD. NIGHLAND BEACH, FL 33487	CITY		NAME		ADDRESS	DELETE	CITY		NAME	D	ADDRESS	EDWARD F. ROMAN JR 30 MAIN ST. SUITE 500 DANBURY, CT 06810	CITY	
NAME	PD GOULD, LEWIS																																																						
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CITY																																																							

14. I hereby certify that the information supplied on this filing was true and correct and that I am the registered agent for the corporation as of the date of filing this report and that I accept the liability for information under 5, 1995, and to accept the appointment as registered agent for the purpose of changing my registered office and to accept the liability for information under 5, 1995.

SIGNATURE: *Patrick L. Daggett*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT
PATRICK L. DAGGETT

5/16/05 2015290200

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

APPROVED AND FILED
 (APR 20 11 10:19)
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Myhrum
 Secretary of State
 001 State Office Building, Tallahassee, FL 32304

DOCUMENT # **P08060** (6)
 1. Corporation Name
INNOVATIVE PHARMACY SERVICES, INC.

Principal Place of Business: **9901 E VALLEY RANCH PKWY STE 3000 IRVING TX 75063 US**
 Mailing Address: **9901 E. VALLEY RANCH PKWY STE 3000 IRVING TX 75063 US**

DO NOT WRITE IN THIS SPACE

3. Date of Corporation's Qualification: **11/12/1985**
 3a. Date of Last Report: **04/20/1994**
 4. FEI Number: **74-2019242**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contributor: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under S. 199 (1)? Florida Statute: Yes No

2. Principal Place of Business: **21**
 2a. Mailing Address: **26**
 22. State: **27**
 23. City & State: **28**
 24. ZIP: **25** Country: **29** ZIP: **30**

9. Name and Address of Current Registered Agent
**CS CORPORATION SYSTEM
 1203 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 B1. Name:
 B2. Street Address (P.O. Box Number is Not Acceptable):
 B3. City:
 B4. State:
 B5. ZIP Code: **FL**

11. Pursuant to the provisions of Sections 605.01, 605.02, and 605.03, Florida Statute, the above named corporation certifies the statement for the purpose of changing its registered office or registered agent or both in the State of Florida. I, the undersigned, being authorized by the corporation's Board of Directors, hereby accept the appointment as registered agent for the above named corporation in the State of Florida.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	CEO ALLISON, RODNEY D. 9901 E. VALLEY RANCH PKWY, STE 3000 IRVING TX	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9901 E. VALLEY RANCH PKWY, STE 3000 IRVING TX	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY	VP THOMPSON, DON H. 9901 E. VALLEY RANCH PKWY STE 3000 IRVING TX	CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntary, true and correct, and that I am an officer or director of the corporation of the name of the corporation as appears in Block 1, of Block 13 of this report or in Block 13 of Block 13 of this report or in Block 13 of Block 13 of this report.

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

5/12/95 214 506 7929
 (Include 1994)

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

APPROVED AND FILED

MAY 02 11:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra H. Morton
Secretary of State
CORPORATION OF FLORIDA (ARTICLE)**

DOCUMENT # P08486 (3)

CHRYSLER COMMERCIAL LEASING CORPORATION

DO NOT WRITE IN THIS SPACE

1. Principal Office Address 225 HIGH RIDGE ROAD STAMFORD CT 06905		2a. Mailing Address 225 HIGH RIDGE ROAD STAMFORD CT 06905		3. Date first reported or qualified 12/19/1985	3a. Date of Last Report 05/01/1994
21. Principal Officer's Name Name:	26. Mailing Address Name:	4. FEI Number 38-1847852		Applied Fee Not Applicable	
22. State of Office State:	27. State of Mailing Address State:	5. Certificate of Status (Desired)		\$8.75 Additional Fee Required	
23. City & State City: State:	28. City & State City: State:	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24. Name	25. Corporation	29. City	30. County	8. This corporation has liability for intangible tax under S. 199 (3)(3) Florida Statutes	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				B1. Name	
				B2. Street Address (P.O. Box Number is Not Accepted)	
				B3.	
				B4. City	B5. Zip Code FL

11. For each of the provisions of Sections 607 (08)(2) and 607 (08)(3) of the Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both of 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 applicability of Section 607 (08)(3) Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN:	
VP NEPTUNE, RICHARD G 225 HIGH RIDGE ROAD STAMFORD CT	NAME STREET ADDRESS CITY, STATE	NAME STREET ADDRESS CITY, STATE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
SVP REYNOLDS, R. T. 225 HIGH RIDGE ROAD STAMFORD CT	NAME STREET ADDRESS CITY, STATE	NAME STREET ADDRESS CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Add
VPC PETERSON, MICHAEL O. 225 HIGH RIDGE ROAD STAMFORD CT	NAME STREET ADDRESS CITY, STATE	NAME STREET ADDRESS CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Add
AT BROWER, M. P. 225 HIGH RIDGE ROAD STAMFORD CT	NAME STREET ADDRESS CITY, STATE	NAME STREET ADDRESS CITY, STATE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
VPS COZART, R. M. 225 HIGH RIDGE ROAD STAMFORD CT	NAME STREET ADDRESS CITY, STATE	NAME STREET ADDRESS CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Add
VT ROBISON, D.A. 27777 FRANKLIN ROAD SOUTHFIELD MI	NAME STREET ADDRESS CITY, STATE	NAME STREET ADDRESS CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I hereby certify that the information supplied with this filing is verifiably true and correct, and qualify for the exemption stated in Section 199 (3)(3) of the Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and shall include authority that I am an officer or director of the corporation or the treasurer or authorized signatory to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12, 13 or 14 of this report or on an attachment thereto.

SIGNATURE: _____
RUBEN SIMMONS

5/2/95 203-975-3200

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

APPROVED AND FILED

RECEIVED APR 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
Office of the Secretary of State, Tallahassee, Florida

DOCUMENT # **P12481** (8)
Corporate Name
OGILVIE & TAYLOR SECURITIES CORPORATION

Principal Place of Business
**1401 N. WESTERN AVENUE
LAKE FOREST IL 60045-1228**

Main Office
**1401 N. WESTERN AVENUE
LAKE FOREST IL 60045-1228**

2. Principal Place of Business
21 State: **IL**
22 City & State
23 City: **LAKE FOREST** State: **IL**

2a. Mailing Address
26 State: **IL**
27 City & State
28 City: **LAKE FOREST** State: **IL**

24
25
29
30

3. Date Incorporated or Qualified: **12/11/1986**
3a. Date of Last Report: **04/19/1994**

4. FEI Number: **36-3126405**
Applied For:
Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contributions: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under § 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City, State, Zip Code
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.04(1) and 607.04(2) of the Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in this State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.04(1) Florida Statutes.

SIGNATURE _____
Agent or Agent-in-Charge of Registered Office (Print Name) _____
Secretary of State (Print Name) _____

12. OFFICERS AND DIRECTORS

OFFICE	PD
NAME	OGILVIE, DONALD RICHARD
STREET ADDRESS	1401 N. WESTERN AVE
CITY, STATE, ZIP	LAKE FOREST IL
OFFICE	CD
NAME	TAYLOR, PHILIP RAY
STREET ADDRESS	181 LYTTON AVE #200
CITY, STATE, ZIP	PALO ALTO CA
OFFICE	S
NAME	LARSON, TANA M.
STREET ADDRESS	1401 N. WESTERN AVE
CITY, STATE, ZIP	LAKE FOREST IL
OFFICE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
OFFICE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICE	NAME	STREET ADDRESS	CITY, STATE, ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
	CD TAYLOR, PHILIP RAY			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	POSITION ELIMINATED			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I, the undersigned, certify that the information requested with this filing is voluntarily furnished and of my best knowledge, information and belief, that the information furnished on this annual report is true and correct and that the signature shall have the same effect as if made under oath. That I am an officer or director of the corporation and the person or persons named in this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as required.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR

(708) 295-7800
Secretary of State

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

APPROVED AND FILED
55 MAY 23 11:10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P13035** (1)

1. Corporation Name

CLIPPING BUREAU OF FLORIDA INC.

Principal Place of Business

Mailing Address

P.O. BOX 3159
CLEARWATER FL 34630

P.O. BOX 3159
CLEARWATER FL 34630

DO NOT WRITE IN THIS SPACE

2. Previous Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		01/28/1987	04/21/1994
22 State Apt # etc		27 State Apt # etc		4. FEI Number	Applied For
23 City & State		28 City & State		47-0552192	Not Applicable
24		29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation has liability for obligations to under S. 199.032 Florida Statute. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLE, ROBERT H. JR.
2 WINDWARD ISLAND
CLEARWATER FL 34830**

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 199.02 (1)(b) and 199.03 (1)(b) Florida Statute, 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 a natural person and accept the responsibilities of an agent under Florida Statute.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	PTD COLE, ROBERT H. JR. 2 WINDWARD ISLAND CLEARWATER FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS		2. STREET ADDRESS	
3. CITY		3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	VSD COLE, SANDRA K. 2 WINDWARD ISLAND CLEARWATER FL	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY		6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY		9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY		12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY		15. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(1)(b) Florida Statute. 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 this corporation or the person or persons empowered to execute this report as required by Chapter 199, Florida Statute, and that my name appears on the back of this filing form.

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

5/18/95 813 442-0332

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murman
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **P15106** (8)

ENGELSEN FRAME & MOULDING CO., INC.

RECEIVED
MAY 20 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office of Business: 24723 CRESTVIEW COURT, FARMINGTON HILLS MI 48335-1507
Mailing Address: 24723 CRESTVIEW COURT, FARMINGTON HILLS MI 48335-1507

DO NOT WRITE IN THIS SPACE

2. Principal Office of Business		26. Mailing Address		3. Date of Incorporation or Qualification	3a. Date of Last Report
21. State of Incorporation		27. State of Mailing Address		4. FIC Number	Approved For / Not Applicable
22. City and State		28. City and State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Zip		29. Zip		6. Election Campaign Financing / Trust Fund Contribution	\$5.00 May Be Added to Fees
24. County		30. County		8. This corporation has liability for intangible tax under S. 199.012, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ENGELSEN, NORVAL E. 12890 AUTOMOBILE BLVD. SUITE H CLEARWATER FL 33520				81. Name			
				82. Street Address (If Co. Has Multiple Offices, List Applicable)			
				83. City			
				84. State	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 199.012, 199.013, and 199.014, Florida Statutes, the above named corporation certifies this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Any 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 complete and correct requirements of the Florida Statutes.

SIGNATURE: _____

12. OFFICE, LOCAL OR FOREIGN		13. ADDITIONS, CHANGES, TO OFFICERS, AND DIRECTORS ONLY	
OFFICE	PD	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGELSEN, NORVAL E.	2. NAME	
STREET ADDRESS	24582 ENCHANTED DR.	3. STREET ADDRESS	
CITY	NOVI MI	4. CITY	
OFFICE	TD	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGELSEN, NORMAN	6. NAME	
STREET ADDRESS	24945 SARAH FLYNN DR	7. STREET ADDRESS	
CITY	NOVI MI	8. CITY	
OFFICE	SD	9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGELSEN, ELIN	10. NAME	
STREET ADDRESS	5400 CULLEN RD	11. STREET ADDRESS	
CITY	FENTON MI	12. CITY	
OFFICE	VD	13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGELSEN, JUDITH	14. NAME	
STREET ADDRESS	24582 ENCHANTED DR.	15. STREET ADDRESS	
CITY	NOVI MI	16. CITY	
OFFICE		17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY		20. CITY	
OFFICE		21. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY		24. CITY	

14. I, the undersigned, certify that the information supplied with this filing is accurate, truthful, and does not comply with the exemptions stated in Sections 199.012(1)(b), Florida Statutes. I further certify that the information indicated on this filing complies with the requirements of the Florida Statutes and that my signature is valid upon the same legal office. I am duly sworn to make that I am an officer or director of the corporation or the person authorized to execute the request required by Chapter 199, Florida Statutes, and that my name appears on Block 12 of this filing or on an earlier filing with this authority.

SIGNATURE: *Elin Engelsen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELIN ENGELSEN
5/15/95 810-477-3105

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

APPROVED AND FILED

60 JUN 20 11 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P15892** (3)
WOODGRAIN MILLWORK, INC.

Physical Name of Corporation: **WOODGRAIN MILLWORK, INC.**
Mailing Address: **300 N.W. 16 ST. FRUITLAND ID 83619**

DO NOT WRITE IN THIS SPACE

3. Date Inc. or created or Chartered: **09/10/1987**
3a. Date of Last Report: **03/08/1994**

4. FEI Number: **93-0563778**
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. 193.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

3. State: **22**
3a. State: **27**

4. City & State: **23**
4a. City & State: **28**

5. Zip: **24**
5a. Zip: **29**
5b. Country: **30**

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 607.0602 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, the pertinent Florida Statutes.

SIGNATURE: _____
Signature of Registered Agent: _____
Signature of Registered Agent: _____

12. OFFICERS AND DIRECTORS

OFFICER	PD
NAME	DAME, REED
STREET ADDRESS	300 N.W. 16 ST. FRUITLAND ID
CITY, STATE, ZIP	
OFFICER	D
NAME	MOORE, LEON
STREET ADDRESS	7208 CASCADE DR BOISE ID
CITY, STATE, ZIP	
OFFICER	S
NAME	LIDDELL, JIM
STREET ADDRESS	300 N.W. 16 ST. FRUITLAND ID
CITY, STATE, ZIP	
OFFICER	VO
NAME	DAME, KELLY
STREET ADDRESS	300 N.W. 16 ST. FRUITLAND ID
CITY, STATE, ZIP	
OFFICER	T
NAME	ATKINSON, STEVEN J
STREET ADDRESS	300 N.W. 16TH ST FRUITLAND ID
CITY, STATE, ZIP	
OFFICER	V
NAME	SMT, JOHN
STREET ADDRESS	900 S 19TH ST W DES MOINES IA
CITY, STATE, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995

1. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and qualify for the exemption stated in Sections 610.02(1)(b), Florida Statutes. I further certify that the information included 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 officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 13 if changed, or on an attached form with an address.

SIGNATURE: _____
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/95 (208) 452-3861