FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P30

1. Corporation Name
ARMFIELD INCORPORATED

(6)

LILED										
Mar 25 1998 8:00am										
Secretary of State										

EH ED

MUIAILIE		IFORATED											
Principal Place of Business				Address									
% COOPERS & LYBRAND L.L.P. 1299 FARNAM. SUITE 1000				% COOPERS & LYBRAND L.L.P. 1299 FARNAM, SUITE 1000									
OMAHA NE 68102				OMAHA NE 68102					DO NOT WRITE	IN THIS SP.	ACE		
-								7	3. Date incorporated or Qualified 08/21/1990				
2. Principal P	lace of Busine	2a. Maili	2a. Mailing Address					4. FEI Number		Ap	polied For		
				26					42-1333634		_ +	t Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 / Fee Re		
				City & State									
City & State				City & State				'	Election Campaign Financing Trust Fund Contribution		\$5.00	•	
Zip				Zip Country					Trust Fund Contribution				
24	2	- 1	29	¬				Personal Property Tax due June 30. Yes			`	angibie	
24		nd Address of Current			1			10	0. Name and Address of New Reg				
THE PRENTICE-HALL CORPORATION SYSTEM INC.													
	01 HAYS STI				-	82	Stroot	Addross	(P.O. Box Number is Not Acceptable	٥)		· · · · · · · · · · · · · · · · · · ·	
	ITE 105					82	3(1991)	Addiess	(F.O. Box Number is Not Acceptable	ο,			
	LLAHASSEE	FL 32301			-	83							
					-	84	City				85 Zip (Code	
				·			•						
11. Pursuant office or r	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 a	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 talls 4 applicable (NOTE: Registered Agent signature required when reinstating) DATE													
12.	Signature, typed or	OFFICERS AND			13.	MgBI	ii signature	e roqueed wi	ADDITIONS/CHANGES TO OFFICE		IRECTOR	IS IN 12	
TITLE	PD	OTTIOETIOTINE	thine or one	DELETE	1.1 1(1	LE	T	PD	4	7	Change	Addition	
NAME	ADDIS, C	HRISTOPHER J.			1.2 NAI	ME		ADD	IS, CHRISTOPHER CARROLL AVE, FER	20100	in		
STREET ADDRESS	ALDINOMODE DE CTIME			1.3 \$7			ADDRESS	56					
CITY-ST-ZIP	ENGLAND)			1.4 CIT	Y-ST		ENG	SLAND				
TITLE	VST			DELETE	2.1 7(7)	LE				D	Change	Addition	
NAME	FARROW,	SIMON F.			2.2 NAI	ME		FART	ROW, SIMON F. D	\mathcal{D}			
STREET ADDRESS	TREETOS	S SCHOOL RD			2.3 STF	REET A	ADDRESS	TREE	E TOPS SCHOOL N				
CITY-ST-ZIP	ENGLAND)			2. 4 CI	IY-S	T-ZIP	EN	ROW, SIMON F. E TOPS SCHOOL R GLAND		4		
TeTLE	D			DELETE	3.1 TITI	LE				⅀	Change	Addition	
NAME		SIMON F.			3.2 NAI	ME	ļ	FARI	ROWISIMON F. ETOPS SCHOOL RD				
STREET ADDRESS		S SCHOOL RD			3.3 STF	REETA	ADDRESS	IKEE	= 1040 million KD			į	
CITY-ST-ZIP	ENGLAND)			3.4. CII	[Y-S]	T - ZIP	ENG	OLAND				
TITLE				DELETE	4.1 TITI	LE					Change	☐ Addition	
NAME					4. 2 NA	ME							
STREET ADDRESS					4.3 STF	REET A	ADDRESS						
CITY-ST-ZIP					4.4 CIT	Y- S !	- ZIP				1		
TITLE				□ DELETE	5.1 TITI					L	_ Change	Addition	
NAME					5.2 NAI								
STREET ADDRESS							ADDAESS						
CITY-ST-ZIP				DOUTT	5.4 CIT		- ZIP	 			Change	☐ Addition	
TITLE				☐ DELETE	6.1 (1)					L.	_ Change	L Addition	
NAME					6.2 NAI								
Street Address							ADDRESS	1					
CITY-ST-ZIP	a autik , th at the		Alia Oliana al		6.4 CIT				tion 110 07/9Vi) Florida Statutae I f	urthar aartii	futhat tha	Information	

Thereby certify that the information supplied with his filing 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 supplements 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 of the product of the produc