

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

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90175 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 828907
 1. Corporation Name
ABS INTEGRATED SERVICES, INC.



Principal Place of Business 16855 N CHASE DR HOUSTON TX 77060 US	Mailing Address TWO WORLD TRADE CENTER, 106TH FLOOR NEW YORK NY 10048
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 13-2695912	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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
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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 when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	NAME PERINNE, BERNARD M	1.1 TITLE VP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 1707 WANDER HILL DRIVE	CITY-ST-ZIP SPRING TX	1.2 NAME FILLMORE, JOEL B.	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		1.3 STREET ADDRESS 16915 MISTY CREEK	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		1.4 CITY-ST-ZIP SPRING, TEXAS 77379	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE S	NAME BAUERLE, ROBERT J	2.1 TITLE S	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 6227 CORAL GABLES	CITY-ST-ZIP HOUSTON TX 77069	2.2 NAME COOK, REED C.	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		2.3 STREET ADDRESS 17115 CHESTNUT CREEK COURT	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		2.4 CITY-ST-ZIP SPRING, TEXAS 77379	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE AS	NAME VORBACH, JOSEPH E	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 927 HUDSON STREET	CITY-ST-ZIP HOBOKEN NJ 77056	3.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		3.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		3.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE CD	NAME IAROSSI, FRANK J	4.1 TITLE CD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 121 N. POST OAK LANE 606	CITY-ST-ZIP HOUSTON TX	4.2 NAME IAROSSI, FRANK J.	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		4.3 STREET ADDRESS 15 WEST TERRACE DRIVE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		4.4 CITY-ST-ZIP HOUSTON, TX 77007	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE T	NAME BAUERLE, ROBERT J	5.1 TITLE T	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 6227 CORAL GABLES	CITY-ST-ZIP HOUSTON TX 77069	5.2 NAME COOK, REED C.	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		5.3 STREET ADDRESS 17115 CHESTNUT CREEK COURT	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		5.4 CITY-ST-ZIP SPRING, TEXAS 77379	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE PD	NAME WIERNICKI, CHRISTOPHER J	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 2 WEST SHAKER CT	CITY-ST-ZIP THE WOODLANDS TX 77381	6.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		6.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		6.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

14. I hereby certify that the information supplied with this 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 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, with all other like empowered.

SIGNATURE: Joseph E. Vorbach **JOSEPH E. VORBACK** 1/6/99 212-539-5992
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)