

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # 840830

(4)

1. Corporation Name
INFOSEARCH, INC.

95 MAY -1 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**500 CENTRAL AVE
ALBANY NY 12206**

Mailing Address

**15 COLUMBUS CIR
NEW YORK NY 10023
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/12/1978

3a. Date of Last Report
04/06/1994

2. Principal Place of Business

21 **375 HUDSON STREET**

2a. Mailing Address

26 **375 HUDSON STREET**

4. FEI Number
14-1488515

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **11TH FLOOR**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 **NEW YORK, NEW YORK**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 **10014**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **CRAIG, STEPHEN W**
STREET ADDRESS **15 COLUMBUS CIR**
CITY - ST - ZIP **NEW YORK NY**

TITLE **D**
NAME **EVANS, ANDREW, C**
STREET ADDRESS **1230 AVE OF THE AMERICAS**
CITY - ST - ZIP **NEW YORK NY**

TITLE **AV**
NAME **NOWAK, RAYMOND M.**
STREET ADDRESS **4 LOESER DRIVE**
CITY - ST - ZIP **NANUET, NY.**

TITLE **VT**
NAME **ESTARBUROCKS, MICHAEL B.**
STREET ADDRESS **15 COLUMBUS CIR.**
CITY - ST - ZIP **NEW YORK NY**

TITLE **AV**
NAME **PALE, ROBERT N.**
STREET ADDRESS **101 MERRITT 7 CORPORATE**
CITY - ST - ZIP **NORWALK CT**

TITLE **AV**
NAME **PAPA, JAMES, V**
STREET ADDRESS **101 MERRITT 7 CORPORATE**
CITY - ST - ZIP **NORWALK CT**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **RICHARD KUSHAY**
1.3 STREET ADDRESS **375 HUDSON STREET**
1.4 CITY - ST - ZIP **NEW YORK, NEW YORK 10014**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP *****PLEASE SEE ATTACHED RIDER*****

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 110.07(3)(b), 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: **EILEEN ASH** *Eileen Ash*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95

212-463-4674

OFFICERS

PRESIDENT

RICHARD KUSHAY

**VICE PRESIDENT
& SECRETARY**

EILEEN ASH

**VICE PRESIDENT
& TREASURER**

ANITA CAMPANA

**ASST. VICE PRES.
& ASST. SECRETARY**

JUDY VAN NAME

**ASST. VICE PRES.
& ASST. TREASURER**

MARIA DOSCHER

**ALL TO:
375 HUDSON STREET
NEW YORK, NEW YORK
10014**

DIRECTORS

RICHARD KUSHAY

EILEEN ASH

ANITA CAMPANA

REV. 3/15/95