FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 MAR 24 PM 1:04

DOCUMENT # F93000005124 (3)

1. Corporation Name
QUARTX FLEET MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1209 ORANGE ST. WILMINGTON DE 19901	900 OLD COUNTRY RD GARDEN CITY NY 11530 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/12/1993
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 51-0351151 ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	FERRUCCI, M A	1.2 NAME	
STREET ADDRESS	212 MANGUM DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BEAR DE 19701	1.4 CITY-ST-ZIP	
TITLE	VTAS	2.1 TITLE	☐ Change ☐ Addition
NAME	LUTTHANS, KIM E	2.2 NAME	
STREET ADDRESS	8 TALLEY CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE 19802	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	A/S ☒ Change ☐ Addition
NAME	~~CAREY, SYLVIA~~	3.2 NAME	SCLAFANI, KAREN C
STREET ADDRESS	~~77 FIELDSTONE PL.~~	3.3 STREET ADDRESS	14 OAK POINT DR
CITY-ST-ZIP	~~WAYNE NJ 07470~~	3.4 CITY-ST-ZIP	BAYVILLE NY 11709
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	FORSYTHE, JOHN	4.2 NAME	
STREET ADDRESS	11 CRANE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LLOYD HARBOR NY 11743	4.4 CITY-ST-ZIP	
TITLE	VS	5.1 TITLE	☐ Change ☐ Addition
NAME	HORNE, A M	5.2 NAME	
STREET ADDRESS	904 NEWPORT PIKE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE 19804	5.4 CITY-ST-ZIP	
TITLE	VAS	6.1 TITLE	☐ Change ☐ Addition
NAME	~~GEIST, EDWARD G~~	6.2 NAME	
STREET ADDRESS	~~312 WALDEN RD.~~	6.3 STREET ADDRESS	
CITY-ST-ZIP	~~WILMINGTON DE 19803~~	6.4 CITY-ST-ZIP	

Delete

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)(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.

SIGNATURE: Kim E. Lutthans KIM E. LUTTHANS - Vice President 3/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300643 FP