FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F94000004337 (1)**

1. Corporation Name
MLA SYSTEMS, INC.

Principal Place of Business	Mailing Address
270 MARBLE AVENUE PLEASANTVILLE NY 10570-2982	270 MARBLE AVENUE PLEASANTVILLE NY 10570-3411

3. Date Incorporated or Qualified: 08/22/1994
3a. Date of Last Report: 08/20/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 13-3782270 ☐ 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

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
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 607.0502 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 reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	SCORDATO, EMIL A		1.2 NAME	Richard Scordato	
STREET ADDRESS	270 MARBLE AVENUE		1.3 STREET ADDRESS	270 Marble Avenue	
CITY-ST-ZIP	PLEASANTVILLE NY 10570-2982		1.4 CITY-ST-ZIP	Pleasantville, N.Y. 10570	
TITLE	D	☐ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	BAUER, STEPHEN		2.2 NAME	E. Stuart Clymer	
STREET ADDRESS	106 CORPORATE PARK DR		2.3 STREET ADDRESS	270 Marble Avenue	
CITY-ST-ZIP	WHITE PLAINS NY 10604		2.4 CITY-ST-ZIP	Pleasantville, N.Y. 10570	
TITLE	DS	☐ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME	BERKMAN, JEROME ESQ.		3.2 NAME	Lou Ann Jage	
STREET ADDRESS	4 VALLEY VIEW DR.		3.3 STREET ADDRESS	270 Marble Avenue	
CITY-ST-ZIP	STAMFORD CT 06903		3.4 CITY-ST-ZIP	Pleasantville, N.Y. 10570	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GORMAN, JOHN G M.D.		4.2 NAME		
STREET ADDRESS	400 EAST 56TH ST., APT. 39B		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10022		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KEEGAN, WILLIAM P		5.2 NAME		
STREET ADDRESS	155 BEACH 133RD ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BELLE HARBOR NY 11694		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LIEB, ROBERT E		6.2 NAME		
STREET ADDRESS	110 EAST RIDGE RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	WACCABUC NY 10597		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: E. Stuart Clymer 1/16/97 (914) 747-3020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #