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Feb 26 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 # **858344** **(5)**

1. Corporation Name
HUDSON GENERAL CORPORATION

Principal Place of Business
111 GREAT NECK RD.
GREAT NECK NY 11021

Mailing Address
111 GREAT NECK RD.
GREAT NECK NY 11021-5402

3. Date Incorporated or Qualified: **11/03/1983**
3a. Date of Last Report: **03/21/1996**

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: **13-1947395** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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	V ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DIBENEDETTO, FERNANDO	1.2 NAME	
STREET ADDRESS	44 GLENWOOD RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLAINVIEW NY	1.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROCKOWITZ, NOAH	2.2 NAME	
STREET ADDRESS	149 BARAUD ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SCARSDALE NY	2.4 CITY-ST-ZIP	
TITLE	VT ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RUBIN, MICHAEL	3.2 NAME	
STREET ADDRESS	302 SOUTHWOOD CR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SYOSSET NY	3.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	POLLACK, PAUL	4.2 NAME	
STREET ADDRESS	45 GLENWOOD RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLAINVIEW NY	4.4 CITY-ST-ZIP	
TITLE	CPD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LANGNER, JAY B.	5.2 NAME	
STREET ADDRESS	51 PINESBRIDGE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	OSSINING NY	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ROSENTHAL, EDWARD J	6.2 NAME	
STREET ADDRESS	707 WESTCHESTER AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS NY	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: _____ PAUL R. POLLACK, Exec, VP. 516-487-8610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #