

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

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/03/1983	
				4. FEI Number 13-1947395	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent CT 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

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	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	CPO ☐ 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	

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.

SIGNATURE

[Signature]

[Signature] (5) 1998

CR2E034 (10/97)