

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90175 039 \*\*\*150.00

DOCUMENT # **828907**

1. Corporation Name  
**ABS INTEGRATED SERVICES, INC.**

Principal Place of Business

16855 N CHASE DR  
HOUSTON TX 77060  
US

Mailing Address

TWO WORLD TRADE CENTER, 106TH FLOOR  
NEW YORK NY 10048

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1972

4. FEI Number

13-2695912

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
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

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PERINNE, BERNARD M	
STREET ADDRESS	1707 WANDER HILL DRIVE	
CITY-ST-ZIP	SPRING TX	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BAUERLE, ROBERT J	
STREET ADDRESS	6227 CORAL GABLES	
CITY-ST-ZIP	HOUSTON TX 77069	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	VORBACH, JOSEPH E	
STREET ADDRESS	927 HUDSON STREET	
CITY-ST-ZIP	HOBOKEN NJ 77056	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	IAROSSE, FRANK J	
STREET ADDRESS	121 N. POST OAK LANE 606	
CITY-ST-ZIP	HOUSTON TX	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BAUERLE, ROBERT J	
STREET ADDRESS	6227 CORAL GABLES	
CITY-ST-ZIP	HOUSTON TX 77069	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WIERNICKI, CHRISTOPHER J	
STREET ADDRESS	2 WEST SHAKER CT	
CITY-ST-ZIP	THE WOODLANDS TX 77381	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FULLMORE, JOEL B.	
1.3 STREET ADDRESS	16915 MISTY CREEK	
1.4 CITY-ST-ZIP	SPRING, TEXAS 77379	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COOK, REED C.	
2.3 STREET ADDRESS	17115 CHESTNUT CREEK COURT	
2.4 CITY-ST-ZIP	SPRING, TEXAS 77379	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	IAROSSE, FRANK J.	
4.3 STREET ADDRESS	15 WEST TERRACE DRIVE	
4.4 CITY-ST-ZIP	HOUSTON, TX 77007	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	COOK, REED C.	
5.3 STREET ADDRESS	17115 CHESTNUT CREEK COURT	
5.4 CITY-ST-ZIP	SPRING, TEXAS 77379	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

*JOSEPH E. VORBACK*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH E. VORBACK

4/6/99

212-539-5792

Daytime Phone #

CR2E034 (1/98)

0005354