

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:34

DOCUMENT # 827423 (5)

1. Corporation Name
DREYFUS SERVICE CORPORATION

Principal Place of Business

**200 PARK AVENUE
7TH FLOOR
NEW YORK NY 10166
US**

Mailing Address

**200 PARK AVENUE
7TH FLOOR
NEW YORK NY 10166
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/01/1972

3a. Date of Last Report

02/15/1994

4. FEI Number

13-2603136

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip Country

24

Country

25

Zip Country

29

Country

30

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

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	STEIN, HOWARD
STREET ADDRESS	11 E. 73RD STREET
CITY-ST-ZIP	NEW YORK NY
TITLE	D
NAME	GREENE, LAWRENCE M
STREET ADDRESS	315 E 70 STREET
CITY-ST-ZIP	NEW YORK NY
TITLE	T
NAME	DUBUSS, ROBERT
STREET ADDRESS	585 TRINITY PLACE UNIT H
CITY-ST-ZIP	WESTFIELD NJ
TITLE	S
NAME	MACLEAN, DANIEL C
STREET ADDRESS	25 CONTENTMENT ISLAND ROAD
CITY-ST-ZIP	DARIEN CT
TITLE	VD
NAME	SMERLING, JULIAN M
STREET ADDRESS	84 LOTUS OVAL SOUTH
CITY-ST-ZIP	VALLEY STREAM NY
TITLE	PD
NAME	SCHMIDT, ROBERT H
STREET ADDRESS	ONE EAST END AVENUE
CITY-ST-ZIP	NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	Stein, Howard
1.3 STREET ADDRESS	200 Park Avenue
1.4 CITY-ST-ZIP	New York, NY 10166
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	Director
2.3 STREET ADDRESS	Lawrence Kash
2.4 CITY-ST-ZIP	200 Park Avenue
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	Treasurer & Director
3.3 STREET ADDRESS	Paul Snyder
3.4 CITY-ST-ZIP	200 Park Avenue
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	200 Park Avenue
4.3 STREET ADDRESS	New York, NY 10166
4.4 CITY-ST-ZIP	New York, NY 10166
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	Executive Vice President
5.3 STREET ADDRESS	Elie Genadry
5.4 CITY-ST-ZIP	200 Park Avenue
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	Director
6.3 STREET ADDRESS	Philip Toia
6.4 CITY-ST-ZIP	200 Park Avenue

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemption under Section 119.07(3)(k), 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 resolver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13, Change, or on an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

Maurice Bendrihem
Controller

2/7/95