

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
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90169 035 ***150.00

DOCUMENT # 831400

1. Corporation Name
COMPUTER HORIZONS CORP.

Principal Place of Business
49 OLD BLOOMFIELD AVE
MOUNTAIN LAKES NJ 07046-1495
US

Mailing Address
49 OLD BLOOMFIELD AVE
MOUNTAIN LAKES NJ 07046-1495
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1973

4. FEI Number

13-2638902

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.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CASSESE, JOHN

STREET ADDRESS 49 OLD BLOOMFIELD AVE
CITY-ST-ZIP MOUNTAIN LAKES NJ 07046-1495

TITLE VS ☐ DELETE

NAME MURPHY, WILLIAM J

STREET ADDRESS 49 OLD BLOOMFIELD AVE
CITY-ST-ZIP MOUNTAIN LAKES NJ

TITLE TAS ☒ DELETE

NAME BIALICK, DAVID W

STREET ADDRESS 49 OLD BLOOMFIELD AVE.
CITY-ST-ZIP MOUNTAIN LAKES NJ

TITLE D ☐ DELETE

NAME BERRY, THOMAS J

STREET ADDRESS 49 OLD BLOOMFIELD AVENUE
CITY-ST-ZIP MOUNTAIN LAKES NJ 07046-1495

TITLE D ☐ DELETE

NAME MARANO, ROCCO

STREET ADDRESS 49 OLD BLOOMFIELD AVENUE
CITY-ST-ZIP MOUNTAIN LAKES NJ

TITLE V ☐ DELETE

NAME SHEA, MICHAEL J

STREET ADDRESS 49 OLD BLOOMFIELD AVE
CITY-ST-ZIP MOUNTAIN LAKES NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V/T

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael J. Shea

4/21/99

973-299.4000

CR2E034 (11/98)