

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 831400

1. Entity 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



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-2638902

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MURPHY, WILLIAM J
STREET ADDRESS	49 OLD BLOOMFIELD AVE
CITY- ST- ZIP	MOUNTAIN LAKES, NJ
TITLE	VT
NAME	SHEA, MICHAEL J
STREET ADDRESS	49 OLD BLOOMFIELD AVE
CITY- ST- ZIP	MOUNTAIN LAKES, NJ
TITLE	D
NAME	DUNCAN, WILLIAM
STREET ADDRESS	49 OLD BLOOMFIELD AVE
CITY- ST- ZIP	MOUNTAIN LAKES, NJ
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11000000181938
01/19/05-800018-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael J Shea

VP

1/13/05

973-299-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #