

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

DOCUMENT # 835087

1. Corporation Name
XHS CORP.

Principal Place of Business

230 PARK AVENUE
SUITE 559
NEW YORK NY 10169

Mailing Address

230 PARK AVENUE
SUITE 559
NEW YORK NY 10169

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90207 042 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1975

4. FEI Number

13-1804307

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

21 230 PARK AVENUE

Suite, Apt. #, etc.

22 SUITE 559

City & State

23 NEW YORK, NY

Zip Country

24 10169 25

2a. Mailing Address

26 230 PARK AVENUE

Suite, Apt. #, etc.

27 SUITE 559

City & State

28 NEW YORK, NY

Zip Country

29 10169 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SVPD / SECRETARY ☐ DELETE

NAME JOHN B TRAINOR

STREET ADDRESS 446 MAONR RIDGE RD

CITY-ST-ZIP PELHAM MANOR NY

TITLE D ☐ DELETE

NAME HAROLD MERLAM

STREET ADDRESS 230 PARK AVENUE SUITE 559

CITY-ST-ZIP NEW YORK NY 10169

TITLE D ☐ DELETE

NAME LEONA M. HELMSLEY

STREET ADDRESS 36 CENTRAL PARK SOUTH

CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition

1.2 NAME ABE WOLF

1.3 STREET ADDRESS 230 PARK AVENUE, SUITE 559

1.4 CITY-ST-ZIP NEW YORK, NY 10169

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99

Date

(212) 674-3600

Daytime Phone #

CR2E034 (11/98)