
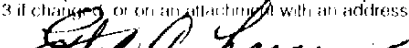


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 836637 (9) 1. Corporation Name PICKERING & COMPANY, INC.					
Principal Place of Business 101 SUNNYSIDE BLVD. PLAINVIEW NY 11803		Mailing Address 101 SUNNYSIDE BLVD. PLAINVIEW NY 11803		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/01/1976 4. FEI Number 11-1533430 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE		NAME		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME		STREET ADDRESS		1.1 TITLE	
CITY - ST - ZIP		CITY - ST - ZIP		1.2 NAME	
CITY - ST - ZIP		CITY - ST - ZIP		1.3 STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		1.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP		2.1 TITLE	
CITY - ST - ZIP		CITY - ST - ZIP		2.2 NAME	
CITY - ST - ZIP		CITY - ST - ZIP		2.3 STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		2.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP		3.1 TITLE	
CITY - ST - ZIP		CITY - ST - ZIP		3.2 NAME	
CITY - ST - ZIP		CITY - ST - ZIP		3.3 STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		3.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP		4.1 TITLE	
CITY - ST - ZIP		CITY - ST - ZIP		4.2 NAME	
CITY - ST - ZIP		CITY - ST - ZIP		4.3 STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		4.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP		5.1 TITLE	
CITY - ST - ZIP		CITY - ST - ZIP		5.2 NAME	
CITY - ST - ZIP		CITY - ST - ZIP		5.3 STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		5.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP		6.1 TITLE	
CITY - ST - ZIP		CITY - ST - ZIP		6.2 NAME	
CITY - ST - ZIP		CITY - ST - ZIP		6.3 STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		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.					
SIGNATURE: 		Ethel C. Larsen, Assistant Secretary 2/10/98 (516)349-0200			

CR2E034 (10/97)