SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 837571

1. Corporation Name
SGS CONTROL SERVICES INC.

Principal Place of Business
333 THORNALL STREET
EDISON, NJ 08818

Mailing Address
42 BROADWAY
NEW YORK, NY 10004

3. Date Incorporated or Qualified: July 29, 1970
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 13-5421787 ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 ______________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT & DIRECTOR	☐ DELETE
NAME	NORMAN POWELL	
STREET ADDRESS	333 THORNALL ST.	
CITY-ST-ZIP	EDISON, NJ 08818	
TITLE	E.V.P.	☐ DELETE
NAME	DENNIS GREW	
STREET ADDRESS	333 THORNALL ST.	
CITY-ST-ZIP	EDISON, NJ 08818	
TITLE	A. Treasurer	☐ DELETE
NAME	PETER A. ENDER	
STREET ADDRESS	42 BROADWAY	
CITY-ST-ZIP	NEW YORK, NY 10004	
TITLE	A. SECRETARY	☐ DELETE
NAME	R. K. BRIDWELL	
STREET ADDRESS	9 CAMPUS DR.	
CITY-ST-ZIP	PARSIPPANY, NJ 07054	
TITLE	DIRECTOR	☐ DELETE
NAME	Antony Czura	
STREET ADDRESS	42 BROADWAY	
CITY-ST-ZIP	New York, NY 10004	
TITLE	S.V.P.	☒ DELETE
NAME	Guy Withell	
STREET ADDRESS	333 THORNALL ST	
CITY-ST-ZIP	EDISON, NJ 08818	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
1.2 NAME	STEVEN DRAPER	
1.3 STREET ADDRESS	42 BROADWAY	
1.4 CITY-ST-ZIP	NEW YORK, NY 10004	
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		

500001915985
-08/08/96--01018--019
***225.00
8-7-96

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] A. Treasurer 7/31/96 212-804-4788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #