


FILE NOW: FILING FEE IS \$61.25 ^{150.00}

FILED
May 28 1998 8:00am
Secretary of State

NON-PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **837571** (9)

1. Corporation Name

SGS CONTROL SERVICES INC.



Principal Place of Business	Mailing Address
333 THORNALL STREET EDISON NJ 08818	42 BROADWAY NEW YORK NY 10004

3. Date Incorporated or Qualified

12/21/1976

4. FEI Number

13-5421780

Applied For
Not Applicable

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**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE

NAME **PO**
STREET ADDRESS **POWELL, NORMAN**
CITY-ST-ZIP **333 THORNALL STREET
EDISON NJ 08818**

TITLE ☐ DELETE

NAME **EVP**
STREET ADDRESS **GREW, DENNIS**
CITY-ST-ZIP **333 THORNALL STREET
EDISON NJ 08818**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **CZURA, ANTONY**
CITY-ST-ZIP **42 BROADWAY
NEW YORK NY 10004**

TITLE ☐ DELETE

NAME **AT**
STREET ADDRESS **ENDER, PETER**
CITY-ST-ZIP **42 BROADWAY
NEW YORK NY 10004**

TITLE ☐ DELETE

NAME **AS**
STREET ADDRESS **BRIDWELL, RIC**
CITY-ST-ZIP **9 CAMPUS DR
PARSIPPANY NJ 07054**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

500002541345

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*****150.00**

PS 5.28

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE:

4/28/98 212-804-4780

CR2E037 (10/97)