

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90011 048 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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

475335 - 90011 - 48

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/21/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		13-5421780	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
24		25		Trust Fund Contribution	
29		30		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	POWELL, NORMAN	1.2 NAME	
STREET ADDRESS	333 THORNALL STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	EDISON, NJ 08818	1.4 CITY - ST - ZIP	
TITLE	EVP	2.1 TITLE	
NAME	GREW, DENNIS	2.2 NAME	
STREET ADDRESS	333 THORNALL STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	EDISON, NJ 08818	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	CZURA, ANTONY	3.2 NAME	
STREET ADDRESS	42 BROADWAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NY 10004	3.4 CITY - ST - ZIP	
TITLE	AT	4.1 TITLE	
NAME	ENDER, PETER	4.2 NAME	
STREET ADDRESS	42 BROADWAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NY 10004	4.4 CITY - ST - ZIP	
TITLE	AS	5.1 TITLE	
NAME	BRIDWELL, R.K.	5.2 NAME	
STREET ADDRESS	9 CAMPUS DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	PARSIPPANY, NJ 07054	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #