

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 840831

(2)

1. Corporation Name
CORPORATE FILING SERVICE, INC.

FILED

97 APR 23 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
% PRENTICE-HALL CORPORATION SYSTEM
375 HUDSON ST.
NEW YORK NY 10014

Mailing Address
% PRENTICE-HALL CORPORATION SYSTEM
375 HUDSON ST.
NEW YORK NY 10014-3658

3. Date Incorporated or Qualified
08/12/1978

3a. Date of Last Report
04/24/1996

2. Principal Place of Business
21 1013 Centre Rd
Suite, Apt. #, etc.

2a. Mailing Address
26 1013 Centre Rd
Suite, Apt. #, etc.

4. FEI Number
14-1537854

Applied For
Not Applicable

22 City & State
23 Wilmington DE
24 19805 25 USA

27 V
28 City & State
29 Wilmington DE
30 19805 31 USA

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1110 NORTH MAGNOLIA ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 400002151674--1
84 City
-04/23/97--01052--007
****165.00 ****165.00
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. (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETED |
|-------|--------------------|------------------------------|-------------------|-------------------------------------|
| P | PELLETIER, JOHN H. | 375 HUDSON STREET-11TH FLOOR | NEW YORK NY 10014 | <input checked="" type="checkbox"/> |
| VP/S | ACKERMAN, LORELEI | 375 HUDSON STREET-11TH FLOOR | NEW YORK NY 10014 | <input checked="" type="checkbox"/> |
| VP/T | CAMPANA, ANITA | 375 HUDSON STREET-11TH FLOOR | NEW YORK NY 10014 | <input checked="" type="checkbox"/> |
| AVAS | VAN NAME, JUDY | 375 HUDSON ST. | NEW YORK NY 10014 | <input checked="" type="checkbox"/> |
| AVAT | DOSCHER, MARIA | 375 HUDSON ST. | NEW YORK NY 10014 | <input checked="" type="checkbox"/> |
| | | | | <input checked="" type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|--------------------|--------------------|----------------------|-------------------------------------|-------------------------------------|
| P/S | Daniel R Butler | 1013 Centre Rd | Wilmington, DE 19805 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| VP/S | William G Pappas | 1013 Centre Rd | Wilmington DE 19805 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| VP/T | Bruce R Winn | 1013 Centre Rd | Wilmington DE 19805 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| VP | William H Freeburn | 1013 Centre Rd | Wilmington DE 19805 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| VP | Deter malkin | 1013 Centre Rd | Wilmington DE 19805 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| VP | mark A Rosser | 1013 Centre Rd | Wilmington DE 19805 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

14. I do 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-97

Date

Daytime Phone #

0004932

CR2E034 (9/96)