

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

000623

NON-PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90062 044 ***150.00

DOCUMENT # 842399

1. Corporation Name

HAMILTON BUSINESS SERVICES, INC.

Principal Place of Business

C/O LIVINGSTON WACHTELL & CO.
20 LEBANON ROAD
SCARSDALE NY 10583-7122
US

Mailing Address

C/O LIVINGSTON WACHTELL & CO.
20 LEBANON ROAD
SCARSDALE NY 10583-7122
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1979

4. FEI Number

13-2750781

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

EIGER, LEONARD L
9 CHESNEY COURT
PALM COAST FL 32137

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

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	STD	<input type="checkbox"/> DELETE
NAME	WACHTELL, JULIETTE	
STREET ADDRESS	9 CHESNEY CT.	
CITY-ST-ZIP	PALM COAST FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	EIGER, JENNIFER	
STREET ADDRESS	20 LEBANON RD	
CITY-ST-ZIP	SCARSDALE NY	
TITLE	VPAT	<input type="checkbox"/> DELETE
NAME	EIGER, LEONARD	
STREET ADDRESS	9 CHESNEY CT.	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EIGER, BRANDEL	
STREET ADDRESS	4136 21ST	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	32137
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	10583-7122
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	32137
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VD EIGER, BRANDEL
4.3 STREET ADDRESS	9 CHESNEY COURT
4.4 CITY-ST-ZIP	PALM COAST, FL 32137
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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

LEONARD L. EIGER

Date

1/5/99 312 840 2595

Daytime Phone #

CR2E034 (11/98)