FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 2:02

DOCUMENT # **856746** **(3)**

1. Corporation Name
TNT SKYPAK INC.

Principal Place of Business	Mailing Address
990 STEWART AVE GARDEN CITY NY 11530	990 STEWART AVE GARDEN CITY NY 11530

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1983
3a. Date of Last Report: 03/08/1994
4. FEI Number: 13-2906902 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: N/A
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	VT ☒ Change ☐ Addition
NAME	BRANNAN, WILLIAM	12 NAME	MARK GUNTON
STREET ADDRESS	990 STEWART AVENUE	13 STREET ADDRESS	990 STEWART AVE.
CITY-ST-ZIP	GARDEN CITY NY	14 CITY-ST-ZIP	GARDEN CITY, NY 11530
TITLE	VS	21 TITLE	☐ Change ☐ Addition
NAME	DIBENEDETTO, CONSTANCE	22 NAME	
STREET ADDRESS	990 STEWART AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	GARDEN CITY NY	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BYE, TIM	32 NAME	
STREET ADDRESS	CENTERPOINT II, HOOGOORDDREEF 62	33 STREET ADDRESS	
CITY-ST-ZIP	1101 BE AMSTERDAM	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	VC ☒ Change ☐ Addition
NAME	BRANNAN, WILLIAM	42 NAME	MARY LAPONTE
STREET ADDRESS	990 STEWART AVE	43 STREET ADDRESS	990 STEWART AVE
CITY-ST-ZIP	GARDEN CITY NY	44 CITY-ST-ZIP	GARDEN CITY, NY 11530
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	COX, THOMAS J	52 NAME	
STREET ADDRESS	990 STEWART AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	GARDEN CITY NY	54 CITY-ST-ZIP	
TITLE	VT	61 TITLE	D ☒ Change ☐ Addition
NAME	MORONE, JOSEPH V	62 NAME	JOSEPH V MORONE
STREET ADDRESS	990 STEWART AVENUE	63 STREET ADDRESS	990 STEWART AVE
CITY-ST-ZIP	GARDEN CITY NY 11530	64 CITY-ST-ZIP	GARDEN CITY, NY 11530

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)(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: Mary Laponte LaPonte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0306867 FP