

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 857233

(1)

1. Corporation Name

EDWARD WECK, INCORPORATED



Principal Place of Business

TAX DEPARTMENT 3RD FLOOR
345 PARK AVENUE
NEW YORK NY 10154
US

Mailing Address

TAX DEPARTMENT - 10TH FLOOR
P.O. BOX 225. FOR STATION
NEW YORK NY 10150

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1983

4. FEI Number

11-2005538

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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
NAME KEMPSELL, GEORGE P
STREET ADDRESS WECK DRIVE, RESEARCH TRIANGLE PARK
CITY-ST-ZIP NORTH CAROLINA

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE S
NAME BRENNAN, ALICE C.
STREET ADDRESS 345 PARK AVENUE
CITY-ST-ZIP NEW YORK NY 10154

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VT
NAME BAINES, HARRISON M., JR.
STREET ADDRESS 345 PARK AVENUE
CITY-ST-ZIP NEW YORK NY

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME MEZZAPELLE, DOMINIC
STREET ADDRESS 345 PARK AVENUE
CITY-ST-ZIP NEW YORK NY 10154

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DV
NAME MEE, MICHAEL F.
STREET ADDRESS 345 PARK AVENUE
CITY-ST-ZIP NEW YORK NY 10154

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE V
NAME ZABOR, DAVID L.
STREET ADDRESS 345 PARK AVENUE
CITY-ST-ZIP NEW YORK NY

6.1 TITLE
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.

SIGNATURE:

ALICE C. BRENNAN 7/13/98 546-4714

CR2E034 (5/98)