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

APPROVED AND FILED
95 APR 17 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **857288** **(5)**

1. Corporation Name
COMSTOCK MECHANICAL, INC.

Principal Place of Business	Mailing Address
39 OLD RIDGEBURY RD DANBURY CT 06810 US	39 OLD RIDGEBURY RD DANBURY CT 06810 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/29/1983
3a. Date of Last Report: 01/27/1994

2. Principal Place of Business
21 One North Lexington Ave
22 Suite, Apt. #, etc.
23 City & State: White Plains, NY
24 Zip: 10601 25 Country:

2a. Mailing Address
26 One North Lexington Ave
27 Suite, Apt. #, etc.
28 City & State: White Plains, NY
29 Zip: 10601 30 Country:

4. FEI Number: 13-3166710 ☐ 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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ 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	PD	1.1 TITLE	☒ Change ☐ Addition	
NAME	MACINNIS, FRANK	1.2 NAME	Pierre Lescaut	
STREET ADDRESS	39 OLD RIDGEBURY RD	1.3 STREET ADDRESS	One North Lexington Ave	
CITY-ST-ZIP	DANBURY CT	1.4 CITY-ST-ZIP	White Plains, NY 10601	
TITLE	ST	2.1 TITLE	☒ Change ☐ Addition	Secretary
NAME	CHESSER, LEICLE	2.2 NAME		John P.Nuzzo
STREET ADDRESS	39 OLD RIDGEBURY RD	2.3 STREET ADDRESS		One North Lexington Ave
CITY-ST-ZIP	DANBURY CT	2.4 CITY-ST-ZIP		White Plains, NY 10601
TITLE		3.1 TITLE	☐ Change ☒ Addition	Treasurer
NAME		3.2 NAME		Michael Azarela
STREET ADDRESS		3.3 STREET ADDRESS		One North Lexington Ave
CITY-ST-ZIP		3.4 CITY-ST-ZIP		White Plains, NY 10601
TITLE		4.1 TITLE	☐ Change ☒ Addition	Asst.Secretary
NAME		4.2 NAME		Gene J.Cellini
STREET ADDRESS		4.3 STREET ADDRESS		One North Lexington AVe
CITY-ST-ZIP		4.4 CITY-ST-ZIP		White Plains, NY 10601
TITLE		5.1 TITLE	☐ Change ☐ Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	☐ Change ☐ Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Gene J. Cellini Gene J.Cellini,Asst.Secr. 3/21/95 914-323-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0903816 FP