FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **858344** **(5)**

1. Corporation Name

HUDSON GENERAL CORPORATION

Principal Place of Business	Mailing Address
111 GREAT NECK RD. GREAT NECK NY 11021	111 GREAT NECK RD. GREAT NECK NY 11021

2. Principal Place of Business	2a. Mailing Address
21	26
Street Address	Street Address
22	27
City & State	City & State
23	28
Zip / 24	County / 25
Zip / 29	County / 30

3. Date Incorporated or Qualified: **11/03/1983**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **13-1947395** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 Section 607.0502 or 617.1502, 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: **N/A**

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	DIBENEDETTO, FERNANDO		2 NAME	
STREET ADDRESS	44 GLENWOOD RD		3 STREET ADDRESS	
CITY-ST-ZIP	PLAINVIEW NY		4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	ROCKOWITZ, NOAH		2 NAME	
STREET ADDRESS	149 BARAUD ROAD		3 STREET ADDRESS	
CITY-ST-ZIP	SCARSDALE NY		4 CITY-ST-ZIP	
TITLE	VT	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	RUBIN, MICHAEL		2 NAME	
STREET ADDRESS	302 SOUTHWOOD CR		3 STREET ADDRESS	
CITY-ST-ZIP	SYOSSET NY		4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	POLLACK, PAUL		2 NAME	
STREET ADDRESS	45 GLENWOOD RD		3 STREET ADDRESS	
CITY-ST-ZIP	PLAINVIEW NY		4 CITY-ST-ZIP	
TITLE	CPD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	LANGNER, JAY B.		2 NAME	
STREET ADDRESS	51 PINESBRIDGE RD.		3 STREET ADDRESS	
CITY-ST-ZIP	OSSINING NY		4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	ROSENTHAL, EDWARD J		2 NAME	
STREET ADDRESS	707 WESTCHESTER AVE		3 STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS NY		4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is complete, accurate 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 report or supplemental 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 added to the report, or on an attachment with an address.

SIGNATURE: Michael Rubin 3/14/96 516-487-8610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #