

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90236 023 ***150.00

60002128



01042006 Chg-P CR2E034 (11/05)

4. FEI Number
11-3527014

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	NILS CONSEIL, DOMINIQUE	
STREET ADDRESS	7 CORPORATE CENTER DRIVE	
CITY-ST-ZIP	MELVILLE, NY 11747	
TITLE	SVCF	<input type="checkbox"/> Delete
NAME	KUNES, RICHARD	
STREET ADDRESS	7 CORPORATE CENTER DRIVE	
CITY-ST-ZIP	MELVILLE, NY 11747	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CAVANAUGH, ANDREW J	
STREET ADDRESS	7 CORPORATE CENTER DRIVE	
CITY-ST-ZIP	MELVILLE, NY 11747	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MOSS, SARA	
STREET ADDRESS	7 CORPORATE CENTER DRIVE	
CITY-ST-ZIP	MELVILLE, NY 11747	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SCHACHERL, JAMES	
STREET ADDRESS	7 CORPORATE CENTER DRIVE	
CITY-ST-ZIP	MELVILLE, NY 11747	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GIBIAN, GERALD Z	
STREET ADDRESS	7 CORPORATE CENTER DRIVE	
CITY-ST-ZIP	MELVILLE, NY 11747	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DANIEL J. BRESTLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR	
STREET ADDRESS	7 CORPORATE CENTER DRIVE	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWECHERL, JAMES	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASST. SECRETARY	
STREET ADDRESS	LISA CAPPELL	
CITY-ST-ZIP	7 CORPORATE CENTER DRIVE MELVILLE NY 11747	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 807, Florida Statutes, and that my name appears in Block 10 or Block 11 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

Assistant Secretary 1/6/06 631.847-6327

Date Daytime Phone #