

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90414 018 ***150.00

DOCUMENT # F05000006691

1. Entity Name
THE WORKCARD COMPANY



Principal Place of Business
**175 BROAD HOLLOW ROAD
MELVILLE, NY 11747**

Mailing Address
**175 BROAD HOLLOW ROAD
MELVILLE, NY 11747**

50008783



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 77-0517841	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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	PCEO
NAME	LUCAS, ROBERT S JR
STREET ADDRESS	175 BROAD HOLLOW ROAD
CITY-ST-ZIP	MELVILLE, NY 11747

TITLE	CFOD
NAME	NOLAN, STEPHEN
STREET ADDRESS	175 BROAD HOLLOW ROAD
CITY-ST-ZIP	MELVILLE, NY 11747

TITLE	VCAO
NAME	BURNS, WILLIAM
STREET ADDRESS	175 BROAD HOLLOW ROAD
CITY-ST-ZIP	MELVILLE, NY 11747

TITLE	DV
NAME	SMALHEISER, HARVEY
STREET ADDRESS	175 BROAD HOLLOW ROAD
CITY-ST-ZIP	MELVILLE, NY 11747

TITLE	VSGC
NAME	REARDON, GEORGE
STREET ADDRESS	175 BROAD HOLLOW ROAD
CITY-ST-ZIP	MELVILLE, NY 11747

TITLE	VAS
NAME	KARABELAS, DIANA R
STREET ADDRESS	175 BROAD HOLLOW ROAD
CITY-ST-ZIP	MELVILLE, NY 11747

**DO NOT WRITE
IN THIS SPACE**

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 607, 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

Harvey Smalheiser

Date

3/24/06

Daytime Phone #

631 844 7800