

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 16 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F74374** (2)
1. Corporation Name
SALES DYNAMICS, INC.

Principal Place of Business Mailing Address
ONE CHERRY HILL SUITE 300 CHERRY HILL NJ 08002

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/31/1982** 3a. Date of Last Report **06/21/1994**
4. FEI Number **59-2228332** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 the fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **NORINS, ROBERT A.**
STREET ADDRESS **11 SIGNAL HILL ROAD**
CITY - ST - ZIP **VORHEES NY**
TITLE **EVP**
NAME **NORINS, ESTHER**
STREET ADDRESS **11 SIGNAL HILL ROAD**
CITY - ST - ZIP **VORHEES NY**
TITLE **CFO**
NAME **MASSARO, PAUL J.**
STREET ADDRESS **130 N. DEVON DRIVE**
CITY - ST - ZIP **EXTON PA**
TITLE **D**
NAME **WOIK, DONALD**
STREET ADDRESS **SUITE 930 BENJAMIN FOX PAVILION**
CITY - ST - ZIP **JENKINTOWN PA**
TITLE **D**
NAME **WOIK, BERYL**
STREET ADDRESS **SUITE 930 BENJAMIN FOX PAVILION**
CITY - ST - ZIP **JENKINTOWN PA**
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP **VORHEES NJ 08043**
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP **VORHEES NJ 08043**
3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP **19341**
4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **DELETE ALL INFORMATION**
4.3 STREET ADDRESS **FOR DONALD WOIK**
4.4 CITY - ST - ZIP
5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **DELETE ALL INFORMATION**
5.3 STREET ADDRESS **FOR BERYL WOIK**
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **CHIEF OPERATING OFFICER**
6.3 STREET ADDRESS **DAVID MALLENBAUM**
6.4 CITY - ST - ZIP **1439 Lexington Drive**
MAPLE GLEN, PA 19002

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 19.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/95 609-482-7600
(Date Filing)