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 MAY -1 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/04/95--01134--003
***3200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # F93000000684 (1)

1. Corporation Name
JAMES P. BUTLER, INC.

Principal Place of Business
412 HARWOOD BLDG.
SCARSDALE NY 10583

Mailing Address
412 HARWOOD BLDG.
SCARSDALE NY 10583

3. Date Incorporated or Qualified: 02/15/1993
3a. Date of Last Report: 03/15/1994
4. FEI Number: 11-3000341 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

VARELA, ANTONIO
300 NW 82ND AVE., #507
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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	11 TITLE ☐ Change ☐ Addition
NAME	BUTLER, JAMES P	12 NAME
STREET ADDRESS	15 POET DR.	13 STREET ADDRESS
CITY ST ZIP	MATAWAN NJ 07747	14 CITY ST ZIP
TITLE	S	21 TITLE ☐ Change ☐ Addition
NAME	HEWITT, CARL H	22 NAME
STREET ADDRESS	20 E. 35TH ST., PH-G	23 STREET ADDRESS
CITY ST ZIP	NEW YORK NY 10016	24 CITY ST ZIP
TITLE	T	31 TITLE ☐ Change ☐ Addition
NAME	MOSS, STEVEN	32 NAME
STREET ADDRESS	412 HARWOOD BLDG.	33 STREET ADDRESS
CITY ST ZIP	SCARSDALE NY 10583	34 CITY ST ZIP
TITLE		41 TITLE ☐ Change ☐ Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY ST ZIP		44 CITY ST ZIP
TITLE		51 TITLE ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY ST ZIP		54 CITY ST ZIP
TITLE		61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY ST ZIP		64 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)(k), Florida Statutes. I further certify that the information indicated on the 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: Carl H Hewitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carl H. Hewitt

3/23/95 (212) 433-7045
Date Daytime Phone #

0473788 FP