

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000000846

1. Corporation Name

Jardine Group Services Corporation

Principal Place of Business

Mailing Address

48 Cornell Rd.
Latham, NY 12110

48 Cornell Rd.
Latham, NY 12110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/93
3a. Date of Last Report: 02/07/94

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		14-1686650		Not Applicable	
Suite, Apt #, etc		Suite, Apt #, etc		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip		Country		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 S. 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 file # applicable) (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	W. Michael Carroll	1.2 NAME	
STREET ADDRESS	48 Cornell Road	1.3 STREET ADDRESS	
CITY, ST, ZIP	Latham, NY 12110	1.4 CITY, ST, ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary P. Hickey	2.2 NAME	
STREET ADDRESS	48 Cornell Road	2.3 STREET ADDRESS	
CITY, ST, ZIP	Latham, NY 12110	2.4 CITY, ST, ZIP	
TITLE	S/D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jay Scarborough	3.2 NAME	
STREET ADDRESS	333 Bush St. #500	3.3 STREET ADDRESS	
CITY, ST, ZIP	San Francisco, CA 94104	3.4 CITY, ST, ZIP	
TITLE	T/D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	E. Paul Hansen	4.2 NAME	
STREET ADDRESS	333 Bush St. #500	4.3 STREET ADDRESS	
CITY, ST, ZIP	San Francisco, CA 94104	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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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 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: Jay Scarborough, Secretary 04/21/95 (415) 773-4495
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Date) (Signature Number)