

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F93000002036 (2)**

1. Corporation Name

PENCOM SYSTEMS INCORPORATED



Principal Place of Business

Mailing Address

**40 FULTON ST
NEW YORK NY 10038
US**

**40 FULTON ST
NEW YORK NY 10038
US**

3. Date Incorporated or Qualified
04/30/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
13-2742382

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 filer, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D KING, FRANK**
STREET ADDRESS **24 PASCAL LANE**
CITY - ST - ZIP **AUSTIN TX 78746**

TITLE DELETE

NAME **D MARKHAM, STEPHEN**
STREET ADDRESS **71 ROCKLEDGE DR**
CITY - ST - ZIP **LIVINGSTON NJ**

TITLE DELETE

NAME **PD SAADI, WADE E**
STREET ADDRESS **93 80TH ST**
CITY - ST - ZIP **BROOKLYN NY 11209**

TITLE DELETE

NAME **VD WALLACE, JONATHAN D**
STREET ADDRESS **166 CLINTON ST**
CITY - ST - ZIP **BROOKLYN NY 11201**

TITLE DELETE

NAME **SD SAADI, EDGAR G**
STREET ADDRESS **1497 LAKE SHORE CIRCLE**
CITY - ST - ZIP **SAN JOSE CA 95131**

TITLE DELETE

NAME **VTD ATEYEH, EDWARD C**
STREET ADDRESS **1937 RUE DE Z ST, TROPEZ #13**
CITY - ST - ZIP **AUSTIN TX 78746**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

Markham, Stephen

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Edgar G Saadi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/96

(212) 513-7777

CR2E034 (3/96)