

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90187 010 ***150.00

DOCUMENT # F93000002036

1. Corporation Name

PENCOM SYSTEMS INCORPORATED

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1993

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

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

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

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARKMAN, STEPHEN	
STREET ADDRESS	71 ROCKLEDGE DR	
CITY-ST-ZIP	LIVINGSTON NJ	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SAADI, WADE E	
STREET ADDRESS	93 80TH ST	
CITY-ST-ZIP	BROOKLYN NY 11209	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WALLACE, JONATHAN D	
STREET ADDRESS	166 CLINTON ST	
CITY-ST-ZIP	BROOKLYN NY 11201	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	SAADI, EDGAR G	
STREET ADDRESS	1497 LAKE SHORE CIRCLE	
CITY-ST-ZIP	SAN JOSE CA 95131	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ATEYEH, EDWARD C	
STREET ADDRESS	1937 RUE DE Z ST, TROPEZ #13	
CITY-ST-ZIP	AUSTIN TX 78746	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KURTZMAN, KEVIN	
STREET ADDRESS	6 ELM STREET	
CITY-ST-ZIP	WOODBURY NY 11797	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOY Venegas
1.3 STREET ADDRESS	18-15, 2150 St. Apt 4M
1.4 CITY-ST-ZIP	Bayside, NY. 11360
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)