

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

APPROVED  
AND  
FILED

96 APR 29 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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-04/29/96--01067--018

\*\*\*\*200.00 \*\*\*\*200.00

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000003155 (9)**

1. Corporation Name

**T. H. ADMINISTRATION, INC.**

Principal Place of Business

**100 SUMMIT LAKE DRIVE  
VALHALLA NY 10595**

Mailing Address

**100 SUMMIT LAKE DRIVE  
VALHALLA NY 10595**

3. Date Incorporated or Qualified  
**07/08/1993**

3a. Date of Last Report  
**10/05/1995**

4. FEI Number

**13-3446440**

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

21

Suite, Apt. #, etc.

**1886 ROUTE 52**

City & State

**Hopewell Junction N.Y.**

Zip

**12533**

Country

**US**

2a. Mailing Address

26

Suite, Apt. #, etc.

**1886 ROUTE 52**

City & State

**Hopewell Junction N.Y.**

Zip

**12533**

Country

**US**

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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

*Marcia A. Hanner*

*Marcia A. Hanner, Assistant Secretary 4/23/96*

(Signature typed or printed name of registered agent and the corporation shall be printed below.)

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

☐ DELETE

NAME

**HUNDLEY, MONTY D  
100 SUMMIT LAKE DRIVE  
VALHALLA NY 10595**

STREET ADDRESS

CITY-ST-ZIP

TITLE

VS

☐ DELETE

NAME

**FREEDMAN, SANFORD  
100 SUMMIT LAKE DRIVE  
VALHALLA NY 10595**

STREET ADDRESS

CITY-ST-ZIP

TITLE

T

☐ DELETE

NAME

**CUTLER, JAMES A  
100 SUMMIT LAKE DRIVE  
VALHALLA NY 10595**

STREET ADDRESS

CITY-ST-ZIP

TITLE

CD

☐ DELETE

NAME

**TOLLMAN, STANLEY S  
100 SUMMIT LAKE DRIVE  
VALHALLA NY 10595**

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**1886 ROUTE 52  
Hopewell Junction, N.Y. 12533**

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**1886 ROUTE 52  
Hopewell Junction, N.Y. 12533**

3.1 TITLE

☒ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**1886 ROUTE 52  
Hopewell Junction, N.Y. 12533**

4.1 TITLE

☒ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**1886 ROUTE 52  
Hopewell Junction, N.Y. 12533**

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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:

*Stanley S. Tollman, Secy.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/96 914-223-3603**

CR2E034 (12/95)