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 MAR -6 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003995 (8)

1. Corporation Name
DTI, INC.

Principal Place of Business	Mailing Address
52A NORTH MAIN STREET MARLBORO NJ 07740	52A NORTH MAIN STREET MARLBORO NJ 07740

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/02/1993
3a. Date of Last Report: 03/02/1994

2. Principal Place of Business	2a. Mailing Address
21 5140 W. NURLEYS POND RD.	26 5140 W. NURLEYS POND RD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 FARMINGDALE NJ	City & State 28 FARMINGDALE NJ
Zip 24 07727 Country 25 U.S.A.	Zip 29 07727 Country 30 U.S.A

4. FEI Number: 22-3216817 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 _____ DATE
Signature of new registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE V NAME REILLY, KEN STREET ADDRESS 141 E 56TH ST CITY-ST-ZIP NEW-YORK NY	1.1 TITLE ☑ Change ☐ Addition 1.2 NAME NO VICE-PRESIDENT 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE P NAME POLLI, RONALD J STREET ADDRESS 241 SOUTH SHORE DRIVE CITY-ST-ZIP TOMS RIVER NJ	2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE AS NAME KNOX, RICHARD E. W STREET ADDRESS 22212 VENTURA BLVD, STE 230 CITY-ST-ZIP WOODLAND HILLS CA	3.1 TITLE SECRETARY/TREASURER ☑ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 23586 CALABASAS ROAD 3.4 CITY-ST-ZIP CALABASAS CA 91302
TITLE T NAME SZABO, PAUL STREET ADDRESS 38 BRIDINTON LANE CITY-ST-ZIP SOMERSET NJ	4.1 TITLE TREASURER ☑ Change ☐ Addition 4.2 NAME RICHARD E. W. KNOX 4.3 STREET ADDRESS 23586 CALABASAS ROAD 4.4 CITY-ST-ZIP CALABASAS CA 91302
TITLE S NAME FOTI, MICHAEL V STREET ADDRESS 812 SOCIETY PL CITY-ST-ZIP NEWTON-PA	5.1 TITLE ☑ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS 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)(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.

SIGNATURE: _____ 2-23-95 908-919-1400
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0308307 FP