

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000004497

1. Entity Name
HOOPER INFORMATION SERVICES, INC.



Principal Place of Business
170 MT. AIRY ROAD
BASKING RIDGE, NJ 07920

Mailing Address
170 MT. AIRY ROAD
BASKING RIDGE, NJ 07920



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-2934927

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCNAMEE, JAMES M
STREET ADDRESS 170 MT. AIRY ROAD
CITY-ST-ZIP BASKING RIDGE, NJ 07920

TITLE SD
NAME JEWETT, ROBERT W
STREET ADDRESS 170 MT. AIRY ROAD
CITY-ST-ZIP BASKING RIDGE, NJ 07920

TITLE TD
NAME LASH, FRED
STREET ADDRESS 170 MT. AIRY ROAD
CITY-ST-ZIP BASKING RIDGE, NJ 07920

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U000000131238
04/26/04-80147-006 150.00

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 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

Fred Lash, Senior V.P.
CFO & Treasurer

Date

Daytime Phone #