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 MAY -1 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005022 (9)**

1. Corporation Name
FMXI, INC.

Principal Place of Business	Mailing Address
153 E. 53RD ST. SUITE 5900 NEW YORK NY 10022	C/O M. SCHWARTZBARD AND ASSOC 354 EISENHOWER PKWY LIVINGSTON N. 07039 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/05/1993**
3a. Date of Last Report: **03/21/1994**

2. Principal Place of Business
21 1000 Columbia Avenue
22 Suite, Apt. #, etc.
23 City & State: Linwood PA
24 Zip: 19061 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: **05-0474055** ☐ 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

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 _____ DATE
Signature, typed or printed name of 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	PD	1.1 TITLE	SENIOR VICE PRES, DIRECTOR	☒ Change ☐ Addition
NAME	BUNDY, WILLIAM H	1.2 NAME		
STREET ADDRESS	153 E. 53RD ST., #5900	1.3 STREET ADDRESS	1000 Columbia Avenue	
CITY-ST-ZIP	NEW YORK NY 10022	1.4 CITY-ST-ZIP	Linwood, PA 19061	
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	HAY, ROBERT J	2.2 NAME		
STREET ADDRESS	823 WATERMAN AVE.	2.3 STREET ADDRESS	1000 Columbia Avenue	
CITY-ST-ZIP	EAST PROVIDENCE RI 02914	2.4 CITY-ST-ZIP	Linwood, PA 19061	
TITLE	VD	3.1 TITLE	DIRECTOR, PRESIDENT	☒ Change ☐ Addition
NAME	RALLIS, JOHN	3.2 NAME		
STREET ADDRESS	3501 JAMBOREE RD.	3.3 STREET ADDRESS	3501 Jamboree Rd Suite 4000	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	3.4 CITY-ST-ZIP		
TITLE	VS	4.1 TITLE		☒ Change ☐ Addition
NAME	SMITH, PHILIP N JR	4.2 NAME		
STREET ADDRESS	153 E. 53RD ST.	4.3 STREET ADDRESS	375 Park Avenue 11th Fl.	
CITY-ST-ZIP	NEW YORK NY 10022	4.4 CITY-ST-ZIP	New York, NY 10152	
TITLE	AS	5.1 TITLE		☒ Change ☐ Addition
NAME	HERSHON, JUDITH	5.2 NAME		
STREET ADDRESS	153 EAST 53RD ST. STE 5900	5.3 STREET ADDRESS	375 Park Avenue 11th Fl.	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	New York, NY 10152	
TITLE	AS	6.1 TITLE		☒ Change ☐ Addition
NAME	KING, TAMBRA	6.2 NAME		
STREET ADDRESS	153 E 53RD ST. #5900	6.3 STREET ADDRESS	375 Park Avenue 11th Fl	
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	New York NY 10152	

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: X _____ X 4/26/95 X (610) 667-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
JEFFREY L. CURRIE, SR. V.P.-FINANCE, CFO

0000497 CP