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FILED  
Mar 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000005022 (9)

1. Corporation Name  
FMXI, INC.

Principal Place of Business

1000 COLUMBIA AVE  
SUITE 5900  
LINWOOD PA 19061  
US

Mailing Address

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

4. FEI Number

05-0474055

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CD  
FARACE, ANDREA  
STREET ADDRESS 1000 COLUMBIA AVE.  
CITY-ST-ZIP LINWOOD PA

TITLE ☐ DELETE

NAME VPF  
FUETTE, KENNETH  
STREET ADDRESS 1000 COLUMBIA AVE  
CITY-ST-ZIP LINWOOD PA

TITLE ☐ DELETE

NAME PD  
BONANNA, SALVATORE J  
STREET ADDRESS 1000 COLUMBIA AVE  
CITY-ST-ZIP LINWOOD PA

TITLE ☐ DELETE

NAME VS  
SMITH, PHILIP N JR  
STREET ADDRESS 375 PARK AVE 11 FLOOR  
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE

NAME AS  
HERSHON, JUDITH  
STREET ADDRESS 375 PARK AVENUE 11TH FLOOR  
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE

NAME AS  
KING, TAMARA  
STREET ADDRESS 375 PARK AVENUE 11TH FLOOR  
CITY-ST-ZIP NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

12 NAME VP  
KARPINSKI, GEORGE  
1.3 STREET ADDRESS 1000 Columbia Ave  
1.4 CITY-ST-ZIP LINWOOD, PA 19061

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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 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

SIGNATURE: x G. Karpinski 2-13-98 x 610.859.3.000

CR2E034 (10/97)