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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 9:58

DOCUMENT # F93000005200 (1)

1. Corporation Name
EDER ASSOCIATES, INC.

Principal Place of Business
480 FOREST AVE.
LOCUST VALLEY NY 11560

Mailing Address
480 FOREST AVE.
LOCUST VALLEY NY 11560

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1993
3a. Date of Last Report: 03/16/1994
4. FEI Number: 11-3178711 ☐ 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.
22
City & State
23
Zip 24 Country 25

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

9. Name and Address of Current Registered Agent
XL CORPORATE SERVICES, INC.
354 OFFICE PLAZA
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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EDER, LEONARD J
STREET ADDRESS	7 WILDWOOD
CITY-ST-ZIP	LOCUST VALLEY NY 11560
TITLE	STD
NAME	INYARD, FREDERICK H
STREET ADDRESS	8 GLENMARK LANE
CITY-ST-ZIP	EAST NORTHPORT NY 11731
TITLE	VD
NAME	ROZMUS, GARY
STREET ADDRESS	43 JAY COURT
CITY-ST-ZIP	NORTHPORT NY 11768
TITLE	VD
NAME	CUNNINGHAM, WILLIAM J
STREET ADDRESS	2880 OSMUNDSEN ROAD
CITY-ST-ZIP	MADISON WI 53711
TITLE	~~V~~
NAME	~~OSMUNDSEN, STEPHEN J~~
STREET ADDRESS	~~513 CENTRE ISLAND~~
CITY-ST-ZIP	~~OYSTER BAY NY 11771~~
TITLE	
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		
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 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: [signature] 3/10/95 516-671-8440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

0000004 FP