


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 30 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 # F93000005836 (2)

1. Corporation Name
HFS INCORPORATED

Principal Place of Business

6 SYLVAN WAY
PARSIPPANY NJ 07054

Mailing Address

6 SYLVAN WAY
PARSIPPANY NJ 07054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1993

4. FEI Number

22-3059335

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 6 Sylvan Way

Suite, Apt. #, etc.

22

City & State

23 Parsippany, NJ

Zip

24 07054

Country

25 USA

2a. Mailing Address

26 6 Sylvan Way

Suite, Apt. #, etc.

27

City & State

28 Parsippany, NJ

Zip

29 07054

Country

30 USA

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

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
SILVERMAN, HENRY R
STREET ADDRESS
4 E. 72ND ST.
CITY-ST-ZIP
NEW YORK NY 10021

TITLE ☐ DELETE

NAME
D
SCHUTZMAN, LEONARD
STREET ADDRESS
CAROL FEINMAN HALL, RM 2-217, U.O.R.
CITY-ST-ZIP
ROCHESTER NY 14627

TITLE ☒ DELETE

NAME
PCO
SNODGRASS, JOHN D
STREET ADDRESS
6 SYLVAN WAY
CITY-ST-ZIP
PARSIPPANY NJ 07054

TITLE ☐ DELETE

NAME
SEVP
BUCKMAN, JAMES E
STREET ADDRESS
6 SYLVAN WAY
CITY-ST-ZIP
PARSIPPANY NJ 07054

TITLE ☐ DELETE

NAME
VCD
HOLMES, STEPHEN P
STREET ADDRESS
6 SYLVAN WAY
CITY-ST-ZIP
PARSIPPANY NJ 07054

TITLE ☐ DELETE

NAME
SVP
MURPHY, JEANNE M
STREET ADDRESS
6 SYLVAN WAY
CITY-ST-ZIP
PARSIPPANY NJ 07054

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
712 5th Avenue
New York, NY 10019

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
SVP
Scott E. Forbes
6 Sylvan Way
Parsippany, NJ 07054
☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Scott E. Forbes SIGNATURE Scott E. Forbes Sr. Vice President

1/20/98

CR2E034 (10/97)