

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90126 041 ***150.00

DOCUMENT # F93000005892

1. Corporation Name

TRIAK SERVICES CORP

Principal Place of Business

7 HANOVER SQ
4TH FLOOR
NEW YORK NY 10004
US

Mailing Address

7 HANOVER SQUARE, 4TH FLOOR
NEW YORK NY 10004
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

Country

9. Name and Address of Current Registered Agent

NRAI SERVICES INC
526 E PARK AVE
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1993

4. FEI Number

13-3594912

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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

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 C ☐ DELETE
NAME MARINO, DENNIS
STREET ADDRESS 7 HANOVER SQ 4TH FLOOR
CITY-ST-ZIP NEW YORK NY 10004

TITLE P ☒ DELETE
NAME KARSH, BILL
STREET ADDRESS 10 EXCHANGE PLACE
CITY-ST-ZIP JERSEY CITY NJ

TITLE M ☐ DELETE
NAME SHARENOW, GREGG
STREET ADDRESS 7 HANOVER SQ, 4TH FLOOR
CITY-ST-ZIP NEW YORK NY 10004

TITLE M ☐ DELETE
NAME MAURIELLO, GLEN
STREET ADDRESS 7 HANOVER SQ 14 TH FLOOR
CITY-ST-ZIP NEW YORK NY 10004

TITLE M ☐ DELETE
NAME GOLVALA, NEVILLE
STREET ADDRESS 7 HANOVER SQUARE, 4TH FLOOR
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.C ☒ Change ☐ Addition
1.2 NAME MARINO, DENNIS
1.3 STREET ADDRESS 7 HANOVER SQ 4TH FLOOR
1.4 CITY-ST-ZIP NEW YORK NY 10004

2.1 TITLE M ☐ Change ☒ Addition
2.2 NAME SHAH, SAMIR
2.3 STREET ADDRESS 7 HANOVER SQ, 4TH FLOOR
2.4 CITY-ST-ZIP NEW YORK NY 10004

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARK A CROSSON, SR. VP 212 863 4213

1-14-99

CR2E034 (1/98)