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 FEB -1 AM 11:35

DOCUMENT # **F94000000198 (1)**

1. Corporation Name
THE NATIONAL PAYROLL COMPANY, INC.

Principal Place of Business	Mailing Address
125 W. 55TH ST. NEW YORK NY 10019	125 W. 55TH ST. NEW YORK NY 10019

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/14/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 13-3744385 ☐ 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 ST.
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	PRESIDENT / C.E.O.	☒ Change ☐ Addition
NAME	GOULAZIAN, PETER R	1.2 NAME	THOMAS F. OLSON	
STREET ADDRESS	125 W. 55TH ST.	1.3 STREET ADDRESS	125 WEST 55TH STREET	
CITY-ST-ZIP	NEW YORK NY 10019	1.4 CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	VTD	2.1 TITLE		☒ Change ☐ Addition
NAME	SHEIFFER, ARNOLD	2.2 NAME		
STREET ADDRESS	125 W. 55TH ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019	2.4 CITY-ST-ZIP		
TITLE	VS	3.1 TITLE		☐ Change ☐ Addition
NAME	FENSTER, HARVEY	3.2 NAME		
STREET ADDRESS	125 W. 55TH ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019	3.4 CITY-ST-ZIP		
TITLE	AST	4.1 TITLE		☐ Change ☐ Addition
NAME	WATSON, BRIAN	4.2 NAME		
STREET ADDRESS	125 W. 55TH ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	GUARDI, PASQUALE	5.2 NAME		
STREET ADDRESS	125 W. 55TH ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	GREENWALD, JAMES L	6.2 NAME	THOMAS F. OLSON	
STREET ADDRESS	125 W. 55TH ST.	6.3 STREET ADDRESS	125 WEST 55TH STREET	
CITY-ST-ZIP	NEW YORK NY 10019	6.4 CITY-ST-ZIP	NEW YORK, NY 10019	

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: Kevin C. Watson — Brian C. Watson — 1/19/95 — (212)-424-6569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0001102 CP