

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

FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000000198 (1)**

1. Corporation Name  
**THE NATIONAL PAYROLL COMPANY, INC.**

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

Mailing Address  
**125 W. 55TH ST.  
NEW YORK NY 10019-5369**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/14/1994</b>	3a. Date of Last Report <b>04/03/1996</b>
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number <b>13-3744365</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PCEO</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLSON, THOMAS F.</b>	1.2 NAME	
STREET ADDRESS	<b>125 WEST 55TH STREET</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK NY</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VTD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEIFFER, ARNOLD</b>	2.2 NAME	
STREET ADDRESS	<b>125 W. 55TH ST.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK NY 10019</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VPS</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VENDIG RICHARD E</b>	3.2 NAME	
STREET ADDRESS	<b>125 W 55TH ST</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK NY</b>	3.4 CITY - ST - ZIP	
TITLE	<b>AST</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATSON, BRIAN</b>	4.2 NAME	
STREET ADDRESS	<b>125 W. 55TH ST.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK NY 10019</b>	4.4 CITY - ST - ZIP	
TITLE	<b>V</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUARDI, PASQUALE</b>	5.2 NAME	
STREET ADDRESS	<b>125 W. 55TH ST.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK NY 10019</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLSON, THOMAS F.</b>	6.2 NAME	
STREET ADDRESS	<b>125 WEST 55TH STREET</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK NY</b>	6.4 CITY - ST - ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BRIAN C WATSON**

**4/17/97**

Date

Daytime Phone #

0004268

CR2E034 (9/96)