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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 03 1998 8:00am Secretary of State

DIVISION OF CORPORATIONS 1998 DOCUMENT # F9400000198 (1) THE NATIONAL PAYROLL COMPANY, INC. Principal Place of Business Mailing Address 125 W. 55TH ST. 125 W. 55TH ST. **NEW YORK NY 10019** NEW YORK NY 10019 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/14/1994 2. Principal Place of Business 2a, Mailing Address Applied For 21 26 13-3744365 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. 83 **PLANTATION FL 33324** 84 City 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, typed or printed name of registered agent and title d applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE X Addition **PCEO** Change TITLE 1.1 100 F Vice President & Secretary OLSON, THOMAS F. NAME 1.2 NAME Lou Leonardelli 125 WEST 55TH STREET STREET ADDRESS 1.3 STREET ADDRESS 125 W 55th Stree 19 **NEW YORK NY** CITY-ST-ZIP 1.4 CITY - ST - ZIP Change VTD DELETE 2.1 1ITLE Addition TITLE SHEIFFER, ARNOLD NAME 2.2 NAME 125 W. 55TH ST. STREET ADDRESS 23 STREET ADDRESS **NEW YORK NY 10019** 2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 THLE VENDIG RICHARD E NAME 3.2 NAME 125 W 55TH ST STREET ADDRESS 3.3 STREET ADDRESS **NEW YORK NY** 3.4. CITY - ST - ZIF CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE WATSON, BRIAN NAME 4. 2 NAME 125 W. 55TH ST. STREET ADDRESS 4.3 STREET ADDRESS **NEW YORK NY 10019** CITY-ST-ZIF 4.4 CITY - S1 - ZIP DELETE Change Addition TITLE 5.1 TITLE **GUARDI, PASQUALE** NAME 5.2 NAME 125 W. 55TH ST. STREET ADDRESS 5.3 STREET ADDRESS **NEW YORK NY 10019** CITY-ST-ZIP 5.4 C(1 Y - \$1 - Z)P TITLE ☐ DELETE 6.1 TITLE Change Addition OLSON, THOMAS F. NAME 6.2 NAME 125 WEST 55TH STREET STREET ADDRESS 63 STREET ADDRESS **NEW YORK NY**

14. Thereby 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

PASQUALE GUARDI

3/20/98

(212) 632-9670

CH2E034 (10/97)