PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400001387

1. Corporation Name

PRUDENTIAL COMMUNITY INTERACTION CONSULTING, INC

Principal Place	of Business	Mailing Address						
200 SUMMIT LA	KE DRIVE	200 SUMMIT LAKE DRIVE						
VALHALLA NY 10595		VALHALLA NY 10595				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		-
						03/18/1994		
2 Principal Pl	ace of Business	2a, Mailing Address				4. FEI Number	App	lied For
Z. FIBICIPALEI	ace of pasificos	26				13-3084482	Not	Applicable
Suite, Apt. i	#. etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
22	,, -1-2	27				5. Certificate of Status Desired	Fee Req	luired
City & State	•	City & State				6. Election Campaign Financing	\$5.00 N	
23		28				Trust Fund Contribution	Added_to	Fees
Zìp	Country	Zip Cou				8. This corporation owes the current year li	ıtangible	□No
24	25	29	30			Personal Property Tax.		
Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered	Agent	
THE DECATION HALL CORPORATION SYSTEM INC				81	Name			
THE PRENTICE-HALL CORPORATION SYSTEM, INC.				82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
1201 HAYS STREET TALLAHASSEE FL 32301				83				
IALL	ANASSEE FL 32301			83				
				84	City	F	85 Zip C	ode
		COT LEGG Clasida Ch	atutas the s	boye	-pamed co	ornaration submits this statement for the purpose of	of changing its r	registered
						ation's board of directors. I hereby accept the app	ointment as reg	istered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505,	Florida Stat	utes.				
SIGNATURE		SP S - Cable //	IOTE: Pagietarea	Anon	t signature reg	uired when reinstating) DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg 12. OFFICERS AND DIRECTORS				gon		A THE STATE OF THE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFI OFFI OF THE OFFI OFFI OF THE OFFI OF THE OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF	ND DIRECTO	RS IN 12
TITLE	OFFICERS AND DIRECTORS 13 CEO DELETE 1.17			TLE		LEO + DIRECTONIAN STEVEN A. UZONIAN	Change	☐ Addition
NAME			AME		STEVEN A. UZONIAN	1e		
STREET ADDRESS			TREET		1) A(1) \ // (A/ /9/ / L			
CITY-ST-ZIP	VALHALLA NY 10595	/	1.4 C	ΠY-\$`	T-ZiP	VATAVITA. IVY TOSES		
TITLE	P	DELETE			f	STEVEN A. OZONIAN	Change	☐ Addition
NAME .	·		AME	[-	STEVEN A. UZONICO	we		
STREET ADDRESS			TREE1	ADDRESS	200 Summit Lake Dr	, , –		
CITY-ST-ZIP			TY-S		Valhala NY 10595			
TITLE	VP	☐ DELETE	DELETE 3.1 T			,	Change	☐ Addition
NAME	••		AME	1				
STREET ADDRESS	200 SUMMIT LAKE DRIVE		3.3 S	TREET	T ADDRESS]
CITY-ST-ZIP	VALHALLA NY 10595		CITY- S	T-ZIP				
TITLE	D	DELETE 4.11		ITLE	ļ		[] Change	Addition
NAME	SCHWARTZ, RICHARD E		4.21	IAME	1			
STREET ADDRESS	200 SUMMIT LAKE DRIVE		4.3 \$	TREE	T ADDRESS			
CITY-ST-ZIP	/ALHALLA NY 10595 449		TY-S	T-ZIP		[] Change	Addition	
TITLE	AS	☐ DELETI					L1 cusude	广 ∨minor
NAME	GIBNEY, THOMAS J		5.2 N					
STREET ADDRESS	200 SUMMIT LAKE DRIVE			TADDRESS				
CITY-ST-ZIP	VALHALLA NY 10393			ITY-S	T-ZIP		[] Change	☐ Addition
TTDF	l ac	□ DELET	E 6.1 T	HLE			LJ Change	L 400,000

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 or an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SCHUMANN, KATHRYN N

200 SUMMIT LAKE DR

VALHALLA NY 10595

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90048 004 ***150.00