SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001406 (7)**

1. Corporation Name

THE COLLEGE HOUSE, INC.

Principal Place of Business	Mailing Address
6-1 CANTIAGUE RD. BOX 969 WESTBURY NY 11590	6-1 CANTIAGUE RD. BOX 969 WESTBURY NY 11590

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 601 CANTIAGUE RD.	26 601 CANTIAGUE RD
Suite, Apt. #, etc. 22 P.O. BOX 969	Suite, Apt. #, etc. 27 P.O. BOX 969
City & State 23 WESTBURY, N.Y	City & State 28 WESTBURY, N.Y
Zip / County 24 11590 / 25 NASSAU	Zip / County 29 11590 / 30 NASSAU

4. FEI Number: 13-5568971 ☐ 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	10. Name and Address of New Registered Agent
CANE, MARILYN B 530 S. LAKESIDE DRIVE LAKE WORTH FL 33460	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	P	11 TITLE	☐ Change ☐ Addition
NAME	BLUMBERG, PETER S	12 NAME	
STREET ADDRESS	55 HUMMINGBIRD DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	EAST HILLS NY 11576	14 CITY-ST-ZIP	
TITLE	EV	21 TITLE	☐ Change ☐ Addition
NAME	BLUMBERG, JUDITH P	22 NAME	
STREET ADDRESS	55 HUMMINGBIRD DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	EAST HILLS NY 11576	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☒ Change ☐ Addition
NAME	ZIMAN, MICHAEL	32 NAME	
STREET ADDRESS	20 CHADWICK ROAD	33 STREET ADDRESS	DELETE - NO LONGER AN OFFICER
CITY-ST-ZIP	SYOSSET NY 11791	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	ZACHAR, JOEL S	42 NAME	
STREET ADDRESS	34 ROY DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	NECONSET NY 11767	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	CALIGUIRI, ROSEMARIE	52 NAME	
STREET ADDRESS	11 ALLEN STREET	53 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK NY 11040	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	YOUNG, ULLIAN A	62 NAME	
STREET ADDRESS	69-05 61 ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	MIDDLE VILLAGE NY 11379	64 CITY-ST-ZIP	

CR2E034 (3/95)

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: Lillian A Young LILLIAN A YOUNG Secretary 8/1/95 516-334-7600
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED ABOVE — Title — Daytime Phone #

0176250 FP