

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000001974 (4)**

1. Corporation Name

HANLON TRANSPORTATION SYSTEMS, INC.



Principal Place of Business

731 HYLTON ROAD
PENNSAUKEN NJ 08110

Mailing Address

731 HYLTON ROAD
PENNSAUKEN NJ 08110

3. Date Incorporated or Qualified

04/18/1994

3a. Date of Last Report

05/16/1995

2. Principal Place of Business

21 **SAME**

2a. Mailing Address

26 **N/A**

4. FEI Number

22-3269526

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAYDEN AND MILLIKEN PA
SUITE 63
5919 PONCE DE LEON BLVD
MIAMI FL 33146

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 607.1506, 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

N/A

Signature typed or printed name of registered agent (if applicable)

Signature typed or printed name of new registered agent (if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PCST HANLON, THOMAS**
STREET ADDRESS **1002 EDGEWOOD LANE**
CITY-ST-ZIP **CINNAMINSON NJ 08077**

TITLE ☐ DELETE

NAME **V MCBRIDE, MIKE**
STREET ADDRESS **809 ESSEX LANE**
CITY-ST-ZIP **SOMMERDALE NJ 08003**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied in this form was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or person authorized 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

DATE

Signature Printed

CR2E034 (12/95)