SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 5/5/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:34

DOCUMENT # F94000002510 (5)

1. Corporation Name

CHEMICAL EDUCATIONAL SERVICES CORP.

Principal Place of Business	Mailing Address
300 JERICHO QUADRANGLE JERICHO NY 11753	300 JERICHO QUADRANGLE JERICHO NY 11753

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/13/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **13-3348554** — 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 solely for charitable tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. 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, type or print name of registered agent and title if applicable) _____ (NOTE: Registered Agent signature required when removing) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	☐ Change ☐ Addition
NAME	VOLPE, JOHN	12 NAME	
STREET ADDRESS	300 JERICHO QUADRANGLE	13 STREET ADDRESS	
CITY ST ZIP	JERICHO NY 11753	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	MCGUINNESS, JOSEPH	22 NAME	
STREET ADDRESS	300 JERICHO QUADRANGLE	23 STREET ADDRESS	
CITY ST ZIP	JERICHO NY 11753	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	CARROLL, ROBERT C	32 NAME	
STREET ADDRESS	270 PARK AVE.	33 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY 10017	34 CITY ST ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	FITZGERALD, JAMES E JR	42 NAME	
STREET ADDRESS	380 MADISON AVE.	43 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY 10017	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BANKS, WILLIAM L	52 NAME	
STREET ADDRESS	300 JERICHO QUADRANGLE	53 STREET ADDRESS	
CITY ST ZIP	JERICHO NY 11753	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BIRNBAUM, ROBERT	62 NAME	
STREET ADDRESS	100 DUFFY AVE.	63 STREET ADDRESS	
CITY ST ZIP	HICKSVILLE NY 11801-3000	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: ✓ John Volpe, Treasurer — 6/26/95 — 516-828-5464
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Daytime Phone)

01F002 FP