FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED

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'95 MAR 15 AM 10:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **F94000003305 (9)**

1. Corporation Name

RAND PUBLISHING COMPANY, INC.

Principal Place of Business	Mailing Address
% HOSPITALITY DATA SYSTEMS 11794 ISLAND LAKES LANE BOCA RATON FL 33498	% HOSPITALITY DATA SYSTEMS 11794 ISLAND LAKES LANE BOCA RATON FL 33498

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/23/1994

3a. Date of Last Report:

2. Principal Place of Business
21: 751 BROKEN SOUND PARKWAY
22 Suite, Apt. #, etc.: SUITE 115
23 City & State: BOCA RATON FL
24 Zip: 33487
25 Country:

2a. Mailing Address
26: SAME
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 13-3707806 ☐ 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

KIRSCHNER, MITCHELL B ESQ
2255 GLADES RD
SUITE 411-E
BOCA RATON FL 33431

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 _____ 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	C	1.1 TITLE	☑ Change ☐ Addition
NAME	SLAINE, MASON	1.2 NAME	
STREET ADDRESS	780 3RD AVE	1.3 STREET ADDRESS	24 ROCKWOOD LANE SPUR
CITY-ST-ZIP	NEW YORK NY 10017	1.4 CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	PS	2.1 TITLE	☐ Change ☐ Addition
NAME	DANZIGER, MICHAEL	2.2 NAME	
STREET ADDRESS	780 3RD AVE	2.3 STREET ADDRESS	7 ALLACK DRIVE
CITY-ST-ZIP	NEW YORK NY 10017	2.4 CITY-ST-ZIP	MARLBORO, NJ 07746
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: MASON SLAINE MASON SLAINE MIKE DANZIGER 3/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0261611 CP