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FILED

Jan 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F94000004337 (1)

1. Corporation Name  
MLA SYSTEMS, INC.

Principal Place of Business  
270 MARBLE AVENUE  
PLEASANTVILLE NY 10570-2982

Mailing Address  
270 MARBLE AVENUE  
PLEASANTVILLE NY 10570-2982



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/22/1994

4. FEI Number  
13-3782270  
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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC  
NAME SCORDATO, EMIL A  
STREET ADDRESS 270 MARBLE AVENUE  
CITY-ST-ZIP PLEASANTVILLE NY 10570-2982 ☐ DELETE

TITLE D  
NAME BAUER, STEPHEN  
STREET ADDRESS 106 CORPORATE PARK DR  
CITY-ST-ZIP WHITE PLAINS NY 10604 ☐ DELETE

TITLE DS  
NAME BERKMAN, JEROME ESQ.  
STREET ADDRESS 4 VALLEY VIEW DR.  
CITY-ST-ZIP STAMFORD CT 06903 ☐ DELETE

TITLE D  
NAME GORMAN, JOHN G M.D.  
STREET ADDRESS 400 EAST 56TH ST., APT. 39B  
CITY-ST-ZIP NEW YORK NY 10022 ☐ DELETE

TITLE D  
NAME KEEGAN, WILLIAM P  
STREET ADDRESS 155 BEACH 133RD ST.  
CITY-ST-ZIP BELLE HARBOR NY 11694 ☐ DELETE

TITLE D  
NAME LIEB, ROBERT E  
STREET ADDRESS 110 EAST RIDGE RD.  
CITY-ST-ZIP WACCABUC NY 10597 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President  
1.2 NAME Chymia, Stuart  
1.3 STREET ADDRESS 259 Gwynn Road  
1.4 CITY-ST-ZIP STAMFORD CT 06903 ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED

1/7/98 (914) 747 3020

CR2E034 (10/97)