SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F94000005312 (3)**

1. Corporation Name
COVER-ALL SYSTEMS, INC.

Principal Place of Business
18-01
~~17-01~~ POLLITT DR.
FAIR LAWN NJ 07410

Mailing Address
18-01
~~17-01~~ POLLITT DR.
FAIR LAWN NJ 07410

3. Date Incorporated or Qualified: 10/13/1994
3a. Date of Last Report: 02/01/1995

2. Principal Place of Business
21 18-01 Pollitt Drive
Suite, Apt #, etc
22
City & State
23 Fair Lawn NJ 07410
Zip 24 07410 Country 25

2a. Mailing Address
26 18-01 Pollitt Drive
Suite, Apt #, etc.
27
City & State
28 Fair Lawn NJ 07410
Zip 29 07410 Country 30

4. FEI Number: 22-3015101 — 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
CALVO, RAUL F.
4811 BEACH BLVD.
JACKSONVILLE FL 32207

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	PD	☒ DELETE
NAME	REPOLI, MICHAEL	
STREET ADDRESS	4811 BEACH BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	V	☒ DELETE
NAME	JOHNSON, R.	
STREET ADDRESS	17-01 POLLITT DRIVE	
CITY-ST-ZIP	FAIR LAWN NJ	
TITLE	S	☐ DELETE
NAME	GUBAR, LEONARD	
STREET ADDRESS	37 W. 12TH PT.	
CITY-ST-ZIP	NEW YORK NY 10011	
TITLE	T	☐ DELETE
NAME	CALVO, RAUL F	
STREET ADDRESS	17-01 POLLITT DR.	
CITY-ST-ZIP	FAIR LAWN NJ 07410	
TITLE	D	☒ DELETE
NAME	KREIGER, HARVEY	
STREET ADDRESS	17-01 POLLITT DR.	
CITY-ST-ZIP	FAIR LAWN NJ 07410	
TITLE	D	☐ DELETE
NAME	MOCCIA, AL	
STREET ADDRESS	17-01 POLLITT DR.	
CITY-ST-ZIP	FAIR LAWN NJ 07410	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☐ Change ☒ Addition
1.2 NAME	Peter Lynch	
1.3 STREET ADDRESS	18-01 Pollitt Drive	
1.4 CITY-ST-ZIP	Fair Lawn, NJ 07410	
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	V	☒ Change ☐ Addition
4.2 NAME	Calvo, Raul F	
4.3 STREET ADDRESS	18-01 Pollitt Drive	
4.4 CITY-ST-ZIP	Fair Lawn, NJ 07410	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	☒ Change ☐ Addition
6.2 NAME	Moccia, Al	
6.3 STREET ADDRESS	18-01 Pollitt Drive	
6.4 CITY-ST-ZIP	Fair Lawn, NJ 07410	

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)(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 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: _____ 6/17/96 201-794-2844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)