

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
CORPORATION DIVISION

APPROVED
AND
FILED

95 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006595 (2)

1. Corporation Name

ASOMA CORPORATION

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/27/1994	
4. FEI Number	Applied For
13-3613269	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Tax on Franchise Tax	\$5.00 May Be Added to Fees
☐	
B. This corporation has liability for intangible tax under S. 190.012 Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business		2a. Mailing Address	
105 CORPORATE PARK DRIVE WHITE PLAINS NY 10604		105 CORPORATE PARK DRIVE WHITE PLAINS NY 10604	
21. State, Apt. # etc.	26. State, Apt. # etc.	22. City & State	27. City & State
23. City & State	28. City & State	24. City	25. State
29. City	30. State		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., STE. 105 TALLAHASSEE FL 32301		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	
		FL 85. Zip Code	

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(6), 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 607.05(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent or New Registered Agent

Signature of Registered Agent or New Registered Agent

Signature

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
1. NAME	C SAMSON, ERIC	1. NAME	
2. STREET ADDRESS	105 CORPORATE PARK DR.	2. STREET ADDRESS	
3. CITY, ST. ZIP	WHITE PLAINS NY 10604	3. CITY, ST. ZIP	
4. NAME	C PRICE, LEON	4. NAME	
5. STREET ADDRESS	105 CORPORATE PARK DR.	5. STREET ADDRESS	
6. CITY, ST. ZIP	WHITE PLAINS NY 10604	6. CITY, ST. ZIP	
7. NAME	DP BENJAMIN, COLIN	7. NAME	
8. STREET ADDRESS	105 CORPORATE PARK DR.	8. STREET ADDRESS	
9. CITY, ST. ZIP	WHITE PLAINS NY 10604	9. CITY, ST. ZIP	
10. NAME	D LEVITT, STEVEN	10. NAME	
11. STREET ADDRESS	105 CORPORATE PARK DR.	11. STREET ADDRESS	
12. CITY, ST. ZIP	WHITE PLAINS NY 10604	12. CITY, ST. ZIP	
13. NAME	S RUBOCK, DANIEL B	13. NAME	
14. STREET ADDRESS	105 CORPORATE PARK DR.	14. STREET ADDRESS	
15. CITY, ST. ZIP	WHITE PLAINS NY 10604	15. CITY, ST. ZIP	
16. NAME	V PEEL, GLENN W	16. NAME	
17. STREET ADDRESS	2700 POST OAK BLVD., STE. 2390	17. STREET ADDRESS	
18. CITY, ST. ZIP	HOUSTON TX 77056	18. CITY, ST. ZIP	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and claims not identify for the corporation stated in Section 119.02(1)(b), Florida Statutes. I further certify that the information indicated on this report was not supplied or supplied in bad faith or fraud and that any signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation, or the person or persons empowered to execute this report as required by Chapter 492, Florida Statutes, and that my name appears on Block 12 or Block 13 of changed, or on Block 14 of this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/95 914-251-5400

