

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000006595 (2)

1. Corporation Name
ASOMA CORPORATION

Principal Place of Business
105 CORPORATE PARK DRIVE
WHITE PLAINS NY 10604

Mailing Address
105 CORPORATE PARK DRIVE
WHITE PLAINS NY 10604-3814



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

29 Zip Country

30 Zip Country

3. Date Incorporated or Qualified
12/27/1994

3a. Date of Last Report
03/27/1996

4. FEI Number
13-3613269

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	SAMSON, ERIC	
STREET ADDRESS	105 CORPORATE PARK DR.	
CITY- ST- ZIP	WHITE PLAINS NY 10604	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRICE, LEON	
STREET ADDRESS	105 CORPORATE PARK DR.	
CITY- ST- ZIP	WHITE PLAINS NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENJAMIN, COLIN	
STREET ADDRESS	105 CORPORATE PARK DR.	
CITY- ST- ZIP	WHITE PLAINS NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVITT, STEVEN	
STREET ADDRESS	105 CORPORATE PARK DR.	
CITY- ST- ZIP	WHITE PLAINS NY 10604	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BOGGIO, GAIL M.	
STREET ADDRESS	105 CORPORATE PARK DRIVE	
CITY- ST- ZIP	WHITE PLAINS NY	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PEEL, GLENN W	
STREET ADDRESS	2700 POST OAK BLVD., STE. 2390	
CITY- ST- ZIP	HOUSTON TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BOGGIO, GAIL M.
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	President
6.3 STREET ADDRESS	SALVATORE A. PUPA
6.4 CITY- ST- ZIP	105 CORPORATE PARK DRIVE White Plains NY 10604

14. I do 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 included 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/97 914-251-5547
Date Daytime Phone

0006483

CR2E034 (9/96)