**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

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

FILED
95 AUG -7 AM 11:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **F94000006649 (7)**

1. Corporation Name
**THINK CONSULTING, INC.**

Principal Place of Business
**18 BANK ST.**
**MORRISTOWN NJ 07960-5120**

Mailing Address
**18 BANK ST.**
**MORRISTOWN NJ 07960-5120**

3. Date Incorporated or Qualified: 12/28/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 135 KINNELON RD
Suite, Apt. #, etc.: 22
City & State: 23 KINNELON, NJ
Zip: 24 07405 Country: 25

2a. Mailing Address: 26 135 KINNELON RD
Suite, Apt. #, etc.: 27
City & State: 28 KINNELON, NJ
Zip: 29 07405 Country: 30

4. FEI Number: 22-3243027 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
**GRASSANO, ALAN R CPA**
**1515 N. FEDERAL HWY., #210**
**BOCA RATON FL 33432**

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1515 N. FEDERAL HIGHWAY
83 SUITE 210
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:
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PSDC |
| NAME | BOUDRIA, LAWRENCE |
| STREET ADDRESS | ~~18 BANK ST.~~ |
| CITY ST ZIP | ~~MORRISTOWN NJ 07960~~ |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
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| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|---|
| 1 1 TITLE | ☒ Change ☐ Addition |
| 1 2 NAME | |
| 1 3 STREET ADDRESS | 135 KINNELON RD |
| 1 4 CITY ST ZIP | KINNELON, NJ 07405 |
| 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 | ☐ Change ☐ Addition |
| 4 2 NAME | |
| 4 3 STREET ADDRESS | |
| 4 4 CITY ST ZIP | |
| 5 1 TITLE | ☐ Change ☐ Addition |
| 5 2 NAME | |
| 5 3 STREET ADDRESS | |
| 5 4 CITY ST ZIP | |
| 6 1 TITLE | ☐ Change ☐ Addition |
| 6 2 NAME | |
| 6 3 STREET ADDRESS | |
| 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)(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:** Lawrence Boudria President 7/31/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0174647 FP