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

CORPORATION **ANNUAL REPORT**



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

1996

Corporation Name

F9500000157 (6) **DOCUMENT #**

DATAFLEX CORPORATION

FILED Apr 29 1996 8:00 am Secretary of State



Principal Place of Business Mailing		Mailing Address	ng Address		T DESIND COLO FRIENT STAIN BRAIN CRINC BRAIN	- T TRESTOR COLO SELEN ESTAT BRITT BRITT BRITT BRITT BRITT BRITT BRITT BRITT BRITT FIRM FRANC TORS	
3920 PARK AVENUE EDISON NJ 08820		3920 PARK AVENUE EDISON NJ 08820					
					3. Date Incorporated or Qualified 3a. D 01/10/1995	ate of Last Report	
[a.]		2a. Mailing Address	¬		4. FEI Number 22-2163376	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	 - 		22 2 100010	Not Applicable	
22		27	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
Z ip	I o	28			Trust Fund Contribution	Added to Fees	
24	Country 25	Zip	Country	,	8. This corporation has liability for intangitule	tax under s 199.032,	
 L	9. Name and Address of Curi	29 Pent Registered Agent	30		Florida Statutes 🔀 Yes 🗌 No		
		one negratored Agent	81	Name	10. Name and Address of New Registers	d Agent	
CT CORPORATION SYSTEM							
	OUTH PINE ISLAND ROAD		82	Street	Address (P.O. Box Number is Not Acceptable)		
PLANTA	ATION FL 33324		83				
			-				
			84	/	F	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the above-	l named c			
familiar wi	red agent, or both, in the State of Fix ith, and accept the obligations of, Se	orida. Such change was authorize otion 607.0505. Florida Statutes	ed by the corp	oration's	orporation submits this statement for the purpose of c board of directors. I hereby accept the appointment a	as registered agent. I am	
SIGNATURE	,		•				
	Signature, typed or printed name of registered ag-	ent and title if applicable (NO	TE: Registered Ager	t signature i	equired when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	
TI*LE	ROSE, RICHARD C	☐ DELETE	1. 1 TITLE			Change Addition	
NAME	3920 PARK AVE.		1.2 NAME				
STREET ADDRESS	EDISON NJ 08820		1.3 STREET	address			
CITY-S1-ZIP TITLE	CCFO	C) DELETE	1.4 CITY - S	r-ZIP			
NAME	MCLENITHAN, GORDON J	☐ DÉLETE	2. 1 TITLE		D	Change Addition	
STREET ADDRESS	3920 PARK AVE.		2.2 NAME		McLenithan, Gordon J	1	
CITY-ST-ZIP	EDISON NJ 08820		23 STREET	1	3920 Park Ave		
TITLE	PC00	☐ DELETE	2 4 CITY-ST	- ZIP	Edison NJ 08820		
NAME	JACKSON, PETER H		3.2 NAME			Change Addition	
STREET ADDRESS	3920 PARK AVE.		33. STREET	ADDBESS	Jackson, Peter H 3920 Park Ave		
CITY-ST-ZIP	EDISON NJ 08820		3 4 CITY-ST				
THEE	AS	☐ DELETE	4. 1 TITLE		Edison NJ 08820 Co-President	Change K Addition	
NAME	MASSIMO, ELIZABETH		4.2 NAME	ļ	Doganiero, Philip		
STREET ADDRESS	3920 PARK AVE.		4.3 STREET	ADORESS	3920 Park Ave		
CITY-ST-ZIP	EDISON NJ 08820		4.4 CITY - ST	-21P	Edison NJ 08820		
THLE	D DAGO TOTAL O	☐ DELETE	5 1 THILE		CFO	Change X Addition	
NAME	RAOS, JOHN G		5.2 NAME	İ	DioGuardi, Raymond		
STREET ADDRESS	99 WOOD AVE SOUTH		5.3 STREET A	NDDRESS	3920 Park Ave		
CHY-ST-ZIP	ISELIN NJ 08830 D		5.4 CITY-ST	- ZIP	Edison NJ 08820		
TI'LE	KELLY, CHARLES C	☐ DELETE	6 1 TITLE			Change Addition	
NAME CAUCULADDDCCC	550 BORAD ST.		6.2 NAME				
STREET ADDRESS	NEWARK NJ 07102		6.3 STREET A	DDRESS			
14. I do hereby	certify that the information supplied	with this files is ushed of the	6.4 CITY-ST	ZIP			

Lub 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 appears in Block 12 or Block 13 if changed, or on an appear 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

SIGNATURE: