

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90074 011 ***150.00

DOCUMENT # F95000003269

1. Entity Name
TSSI OF AMERICA INC.



Principal Place of Business
**81 CROTON AVE
OSSINING, NY 10562**

Mailing Address
**81 CROTON AVE
OSSINING, NY 10562**

64000590



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

13-2962925

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE CP
NAME MCLAUGHLIN, THOMAS
STREET ADDRESS 81 CROTON AVE
CITY-ST-ZIP OSSINING, NY 10562 ☐ Delete

TITLE S
NAME MCLAUGHLIN, THOMAS
STREET ADDRESS 81 CROTON AVE
CITY-ST-ZIP OSSINING, NY 10562 ☒ Change ☐ Addition

TITLE CT
NAME DEMARIA, GEORGE J
STREET ADDRESS 81 CROTON AVE
CITY-ST-ZIP OSSINING, NY 10562 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE P
NAME MCLAUGHLIN, LINDA
STREET ADDRESS 81 CROTON AVE
CITY-ST-ZIP OSSINING, NY 10562 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE V
NAME FERGUSON, GAIL
STREET ADDRESS 81 CROTON AVE
CITY-ST-ZIP OSSINING, NY 10562 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE V
NAME WOODWARD, GREG
STREET ADDRESS 91 HOLMES ROAD
CITY-ST-ZIP NEWINGTON, CT 06111 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE V
NAME BYRNES, MIKE
STREET ADDRESS 11612 EAST WASHINGTON BLVD
CITY-ST-ZIP WHITTIER, CA 90606 ☐ Change ☒ Addition

12. I 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 indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George J. Demaria* **GEORGE J. DEMARIA**

1/12/2004

*914-762-5910
x 263*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #