

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

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

FILED
May 09 1997 8:00 am
Secretary of State

DOCUMENT # F95000003373

1. Corporation Name

DECISION STRATEGIES INTERNATIONAL, INC

Principal Place of Business

Mailing Address

801 2ND AVE.

801 2ND AVE.

SUITE 1400

SUITE 1400

NEW YORK, NY 10017

NEW YORK, NY 10017

3. Date Incorporated or Qualified

07/14/95

3a. Date of Last Report

05/01/96

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

13-3606541

Applied For

Not Applicable

5. Certificate of: title Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

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

10. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES

801 NE 167TH STREET, SUITE 300

N. MIAMI BEACH, FL 33162

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

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

(NOTE: Registered Agent's signature required when substituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT
NAME SCHWARTZ, BART ☐ DELETE
STREET ADDRESS 801 2ND AVE., SUITE 1400
CITY - ST - ZIP NEW YORK, NY 10017

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE D
NAME SCHWARTZ, CHERYL ☐ DELETE
STREET ADDRESS 801 2ND AVE., SUITE 1400
CITY - ST - ZIP NEW YORK, NY 10017

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE V
NAME REILLY, THOMAS J. ☐ DELETE
STREET ADDRESS 801 2ND AVE., SUITE 1400
CITY - ST - ZIP NEW YORK, NY 10017

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE S
NAME JAFFE, JOSEPH ☐ DELETE
STREET ADDRESS 595 SUMMER STREET
CITY - ST - ZIP STAMFORD, CT 06901

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME MERWIN, H. WILLIAM
5.3 STREET ADDRESS 801 2ND AVE., SUITE 1400
5.4 CITY - ST - ZIP NEW YORK, NY 10017

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Addition
6.2 NAME 000002175
6.3 STREET ADDRESS -05/12/97--01104--040
6.4 CITY - ST - ZIP ***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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) on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #