

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000004730**

1. Corporation Name
MSS-DELAWARE, INC.

Principal Place of Business
**7 W. 7TH ST.
CINCINNATI OH 45202**

Mailing Address
**C/O FEDERATED CORPORATE SERVICES, INC
7 WEST SEVENTH ST
CINCINNATI OH 45202
US**

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90002 036 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/28/1995

2. Principal Place of Business
21 **35 Continental Dr.**
Suite, Apt. #, etc.
22
City & State
23 **Wayne, NJ**
Zip Country
24 **07470** 25
2a. Mailing Address
26 **35 Continental Drive**
Suite, Apt. #, etc.
27
City & State
28 **Wayne, NJ**
Zip Country
29 **07470** 30 **USA**

4. FEI Number
31-1443880
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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	☒ DELETE
NAME	BRODERICK, DENNIS J	
STREET ADDRESS	7 W. 7TH ST.	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	VSD	☒ DELETE
NAME	SIMS, JOHN R	
STREET ADDRESS	7 W. 7TH ST.	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	DC	☒ DELETE
NAME	ZIMMERMAN, JAMES M	
STREET ADDRESS	7 W. 7TH ST.	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	V	☒ DELETE
NAME	SEPPELT, ROBERT C	
STREET ADDRESS	7 W. 7TH ST.	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	V	☒ DELETE
NAME	NAY, GARY J	
STREET ADDRESS	7 W. 7TH ST.	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	TAS	☒ DELETE
NAME	HOGUET, KAREN M	
STREET ADDRESS	7 W. 7TH ST.	
CITY-ST-ZIP	CINCINNATI OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C.E.O.	☐ Change ☒ Addition
1.2 NAME	Julian R. Geiger	
1.3 STREET ADDRESS	11 Penn Plaza 6th Fl,	
1.4 CITY-ST-ZIP	New York, NY 10001	
2.1 TITLE	Chairman	☐ Change ☒ Addition
2.2 NAME	David Geltzer	
2.3 STREET ADDRESS	11 Penn Plaza, 6th Fl.	
2.4 CITY-ST-ZIP	New York, NY 10001	
3.1 TITLE	C.O.O. Executive V.P.	☐ Change ☒ Addition
3.2 NAME	John S. Mills	
3.3 STREET ADDRESS	35 Continental Drive	
3.4 CITY-ST-ZIP	Wayne, NJ 07643	
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 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 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]* Exec. VP

973-872-5661

CR2E034 (5/99)

019114

MSS-DELAWARE, INC.

602063-900023
F95000004730

July 19, 1999

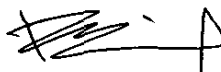
Florida Division of Corporations
Annual Reports
409 East Gaines Street
Tallahassee, FL 32399

**RE: MSS-DELAWARE, INC. EIN: 31-1443880
PROFIT CORPORATION ANNUAL REPORT**

Dear Sir/Madam:

Enclosed is the 1999 Annual Report along with our check for the filing fee in the amount of \$550.00 for the above referenced corporation.

Sincerely,



Rachel Liang
Sr. Accountant

Attachments - FL annual

Airborn Express Mail: _____