**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).**

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

08-06-1999 90002 036 ***550.00

0119114

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 | Mailing Address |
|---|---|
| 7 W. 7TH ST.<br>CINCINNATI OH 45202 | C/O FEDERATED CORPORATE SERVICES. INC<br>7 WEST SEVENTH ST<br>CINCINNATI OH 45202<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1995

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 35 Continental Dr. | 26 35 Continental Drive |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 Wayne , NJ | 28 Wayne, NJ |
| 24 Zip 07470 25 Country | 29 Zip 07470 30 Country 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 | 10. Name and Address of New Registered Agent |
|---|---|
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | VD | ☒ DELETE | 1.1 TITLE | C.E.O. | ☐ Change XX Addition |
| NAME | BRODERICK, DENNIS J | | 1.2 NAME | Julian R. Geiger | |
| STREET ADDRESS | 7 W. 7TH ST. | | 1.3 STREET ADDRESS | 11 Penn Plaza 6th Fl, | |
| CITY-ST-ZIP | CINCINNATI OH | | 1.4 CITY-ST-ZIP | New York, NY 10001 | |
| TITLE | VSD | ☒ DELETE | 2.1 TITLE | Chairman | ☐ Change XX Addition |
| NAME | SIMS, JOHN R | | 2.2 NAME | David Geltzer | |
| STREET ADDRESS | 7 W. 7TH ST. | | 2.3 STREET ADDRESS | 11 Penn Plaza, 6th Fl. | |
| CITY-ST-ZIP | CINCINNATI OH 45202 | | 2.4 CITY-ST-ZIP | New York, NY 10001 | |
| TITLE | DC | ☒ DELETE | 3.1 TITLE | C.O.O. Executive V.P. | ☐ Change XX Addition |
| NAME | ZIMMERMAN, JAMES M | | 3.2 NAME | John S. Mills | |
| STREET ADDRESS | 7 W. 7TH ST. | | 3.3 STREET ADDRESS | 35 Continental Drive | |
| CITY-ST-ZIP | CINCINNATI OH 45202 | | 3.4 CITY-ST-ZIP | Wayne, NJ 07643 | |
| TITLE | V | ☒ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SEPPELT, ROBERT C | | 4.2 NAME | | |
| STREET ADDRESS | 7 W. 7TH ST. | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CINCINNATI OH 45202 | | 4.4 CITY-ST-ZIP | | |
| TITLE | V | ☒ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | NAY, GARY J | | 5.2 NAME | | |
| STREET ADDRESS | 7 W. 7TH ST. | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CINCINNATI OH 45202 | | 5.4 CITY-ST-ZIP | | |
| TITLE | TAS | ☒ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HOGUET, KAREN M | | 6.2 NAME | | |
| STREET ADDRESS | 7 W. 7TH ST. | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CINCINNATI OH | | 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 REQUIRED C.O.O. Exec. VP 973-872-5661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)

602DL63-900023
F95000004730

# MSS-DELAWARE, INC.

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:* _____

35 CONTINENTAL DRIVE • WAYNE • NJ 07470
PHONE: 973-872-5668 • FAX: 973-872-5650