

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

PROFIT
CORPORATION
ANNUAL REPORT
1998FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001543 (5)

1. Corporation Name
PARADIGM4, INC.

Principal Place of Business

885 THIRD AVENUE
SUITE 450
NEW YORK NY 10022-4834

Mailing Address

885 THIRD AVENUE
SUITE 450
NEW YORK NY 10022-4834

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1996

4. FEI Number

22-3415573

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO & Director ☐ DELETENAME BAY, JOHN
STREET ADDRESS 89 ELMWOOD ROAD
CITY-ST-ZIP CEDAR GROVE NJ 07009TITLE D ☒ DELETENAME BAY, JOHN
STREET ADDRESS 89 ELMWOOD ROAD
CITY-ST-ZIP CEDAR GROVE NJ 07009TITLE CSVD ☐ DELETENAME EVANS, KEITH
STREET ADDRESS 82 HEMLOCK DRIVE
CITY-ST-ZIP NORTH TARRYTOWN NY 10591TITLE CVD ☐ DELETENAME VICOL, FLORIN C
STREET ADDRESS 17 CREST DRIVE
CITY-ST-ZIP ENGLISHTOWN NJ 07726TITLE SVTD ☐ OFFICENAME DION, JOSEPH
STREET ADDRESS 32 KENTON AVENUE
CITY-ST-ZIP MARLTON NJ 08053TITLE SVSD ☐ DELETENAME WELCH, THOMAS W
STREET ADDRESS 90 GLENWOOD MOUNTAIN ROAD
CITY-ST-ZIP SUSSEX NJ 07461

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VS ☐ Change ☒ Addition1.2 NAME Richard M. Borden
1.3 STREET ADDRESS 41 Farmstead Lane
1.4 CITY-ST-ZIP West Simsbury, CT 060922.1 TITLE Director ☐ Change ☒ Addition2.2 NAME Eric Meyer
2.3 STREET ADDRESS 27 Waverly Road
2.4 CITY-ST-ZIP Danvers, CT 068203.1 TITLE D ☐ Change ☒ Addition3.2 NAME Donald Duffy
3.3 STREET ADDRESS 23 Lorraine Loop
3.4 CITY-ST-ZIP Staten Island, NY 103094.1 TITLE D ☐ Change ☐ Addition4.2 NAME Terrence Quinn
4.3 STREET ADDRESS 12 Old Redding Road
4.4 CITY-ST-ZIP Weston, CT 068835.1 TITLE Dennis P. Cameron ☐ Change ☐ Addition5.2 NAME 152 Fairfield Street
5.3 STREET ADDRESS Needham, MA 02192
5.4 CITY-ST-ZIP6.1 TITLE 400002428694 ☐ Change ☐ Addition6.2 NAME -02/12/98--01042--020
6.3 STREET ADDRESS ***150.00
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.

CF2E034 (10/97)