

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

FILED

Apr 10 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F96000002755 (4)

1. Corporation Name

TECHNICAL AND MANAGEMENT ASSISTANCE, INC.

Principal Place of Business

1416 N. MAIN ST.  
PLEASANTVILLE NJ 08232

Mailing Address

1416 N. MAIN ST.  
PLEASANTVILLE NJ 08232-1037



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/03/1996

3a. Date of Last Report

4. FEI Number 22-2717278  
APPLIED FOR

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | PCD                    | <input type="checkbox"/> DELETE            |
| NAME           | HEADLEY, HARRY P       |  |
| STREET ADDRESS | 1416 N. MAIN ST.       |  |
| CITY- ST- ZIP  | PLEASANTVILLE NJ 08232 |  |
| TITLE          | VD                     | <input type="checkbox"/> DELETE            |
| NAME           | HEADLEY, MICHAEL K     |  |
| STREET ADDRESS | 1416 N. MAIN ST.       |  |
| CITY- ST- ZIP  | PLEASANTVILLE NJ 08232 |  |
| TITLE          | S                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | HEADLEY, DOROTHY       |  |
| STREET ADDRESS | 1416 N. MAIN ST.       |  |
| CITY- ST- ZIP  | PLEASANTVILLE NJ 08232 |  |
| TITLE          | VD                     | <input type="checkbox"/> DELETE            |
| NAME           | FRISBIE, FRANK L       |  |
| STREET ADDRESS | 1416 N. MAIN ST.       |  |
| CITY- ST- ZIP  | PLEASANTVILLE NJ 08232 |  |
| TITLE          | TD                     | <input type="checkbox"/> DELETE            |
| NAME           | SCHWEGLER, JAMES       |  |
| STREET ADDRESS | 1416 N. MAIN ST.       |  |
| CITY- ST- ZIP  | PLEASANTVILLE NJ 08232 |  |
| TITLE          | VD                     | <input type="checkbox"/> DELETE            |
| NAME           | LUFFSEY, WALTER S      |  |
| STREET ADDRESS | 1416 N. MAIN ST.       |  |
| CITY- ST- ZIP  | PLEASANTVILLE NJ 08232 |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                         |   |
|--------------------|-------------------------|---|
| 1.1 TITLE          | SDC                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |                         |   |
| 1.3 STREET ADDRESS |                         |   |
| 1.4 CITY- ST- ZIP  |                         |   |
| 2.1 TITLE          | V                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                         |   |
| 2.3 STREET ADDRESS |                         |   |
| 2.4 CITY- ST- ZIP  |                         |   |
| 3.1 TITLE          | JAMES D                 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | LOUIS J. ZRAKET         |   |
| 3.3 STREET ADDRESS | 1416 N. MAIN ST.        |   |
| 3.4 CITY- ST- ZIP  | PLEASANTVILLE, NJ 08232 |   |
| 4.1 TITLE          | P                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                         |   |
| 4.3 STREET ADDRESS |                         |   |
| 4.4 CITY- ST- ZIP  |                         |   |
| 5.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 5.2 NAME           |                         |   |
| 5.3 STREET ADDRESS |                         |   |
| 5.4 CITY- ST- ZIP  |                         |   |
| 6.1 TITLE          | V                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                         |   |
| 6.3 STREET ADDRESS |                         |   |
| 6.4 CITY- ST- ZIP  |                         |   |

14. I do 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: *James G. Schwegler* JAMES G. SCHWEGLER 3/31/97 (609) 272-8871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0497670

CR2E034 (9/96)