

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

05-46323

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90163 005 ***150.00

DOCUMENT # **F96000003788**

1. Corporation Name

PERSONAL COMPUTER RENTAL CORPORATION



Principal Place of Business

MR ORIN KNOPP
4 CEDAR BROOK DR #1
CRANBURY NJ 08512
US

Mailing Address

MR ORIN KNOPP
4 CEDAR BROOK DR #1
CRANBURY NJ 08512
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1996

4. FEI Number

51-0364657

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **4 CEDAR BROOK DRIVE**

Suite, Apt. #, etc.

22 **SUITE 1**

City & State

23 **CRANBURY, NJ**

Zip

24 **08512**

Country

25 **USA**

2a. Mailing Address

26 **4 CEDAR BROOK DRIVE**

Suite, Apt. #, etc.

27 **SUITE 1**

City & State

28 **CRANBURY, NJ.**

Zip

29 **08512**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E PARK AVE
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 **SAME AS LISTED IN ITEM # 9.**

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 **DCP** ☒ DELETE

NAME **KNOPP, ORIN**

STREET ADDRESS **4 CEDAR BROOK DR #1**

CITY-ST-ZIP **CRANBURY NJ 08512**

TITLE **CEO** ☐ DELETE

NAME **KNOPP, ORIN**

STREET ADDRESS **4 CEDAR BROOK DR #1**

CITY-ST-ZIP **CRANBURY NJ 08512**

TITLE **VT** ☐ DELETE

NAME **HILLA, JEFFREY T**

STREET ADDRESS **4 CEDAR BROOK DR #1**

CITY-ST-ZIP **CRANBURY NJ 08512**

TITLE **D** ☒ DELETE

NAME **CALHOUN, WALTER**

STREET ADDRESS **4 CEDAR BROOK DR #1**

CITY-ST-ZIP **CRANBURY NJ 08512**

TITLE **D** ☒ DELETE

NAME **HENRETTA, CHRISTOPHER**

STREET ADDRESS **4 CEDAR BROOK DR #1**

CITY-ST-ZIP **CRANBURY NJ 08512**

TITLE **DS** ☒ DELETE

NAME **PROTTEAU, JOHN P**

STREET ADDRESS **4 CEDAR BROOK DR #1**

CITY-ST-ZIP **CRANBURY NJ 08512**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CEO** ☒ Change ☒ Addition

1.2 NAME **OLINGER, ALLEN M.**

1.3 STREET ADDRESS **4 CEDAR BROOK DRIVE**

1.4 CITY-ST-ZIP **CRANBURY NJ 08512**

2.1 TITLE **EXEC VP SALES** ☒ Change ☐ Addition

2.2 NAME **KNOPP, ORIN**

2.3 STREET ADDRESS **4 CEDAR BROOK DRIVE**

2.4 CITY-ST-ZIP **CRANBURY, NJ 08512**

3.1 TITLE **CFO** ☒ Change ☐ Addition

3.2 NAME **HILLA, JEFFREY T.**

3.3 STREET ADDRESS **4 CEDAR BROOK DRIVE**

3.4 CITY-ST-ZIP **CRANBURY, NJ.**

4.1 TITLE **D** ☒ Change ☒ Addition

4.2 NAME **TUCHMAN, MARTIN**

4.3 STREET ADDRESS **4 CEDAR BROOK DRIVE**

4.4 CITY-ST-ZIP **CRANBURY, NJ 08512**

5.1 TITLE **D** ☒ Change ☐ Addition

5.2 NAME **WITTEVEEN, RADUL**

5.3 STREET ADDRESS **4 CEDAR BROOK DRIVE**

5.4 CITY-ST-ZIP **CRANBURY, NJ 08512**

6.1 TITLE **DS** ☒ Change ☒ Addition

6.2 NAME **HILLA, JEFFREY T**

6.3 STREET ADDRESS **4 CEDAR BROOK DRIVE**

6.4 CITY-ST-ZIP **CRANBURY NJ. 08512**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

Date

609-395-6828

Daytime Phone #

CR2E034 (11/98)