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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005133 (1)

1. Corporation Name
PICKNET, INC.

Principal Place of Business	Mailing Address
155 ROUTE 46 WEST 3RD FLOOR WAYNE NJ 07470 US	155 ROUTE 46 WEST 3RD FLOOR WAYNE NJ 07470 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 22-3438713 ☐ 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 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 32301-2525

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 _____ 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	DCP	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	LEIVA, DIEGO		1.2 NAME	ROBERT R. SAMS	
STREET ADDRESS	99 CHEYENNE WAY		1.3 STREET ADDRESS	WOODMANS FARM, PERRYMANS LA	
CITY-ST-ZIP	WAYNE NJ 07470		1.4 CITY-ST-ZIP	BURWASH, E. SUSSEX TN197DN, ENGLAND	
TITLE	CEO	☐ DELETE	2.1 TITLE	VT	☐ Change ☒ Addition
NAME	LEIVA, DIEGO		2.2 NAME	ROBERT S. BINGHAM	
STREET ADDRESS	99 CHEYENNE WAY		2.3 STREET ADDRESS	118 MIDVALE RD.	
CITY-ST-ZIP	WAYNE NJ 07470		2.4 CITY-ST-ZIP	MOUNTAIN LAKES, NJ 07046	
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRENNAN, RAYMOND		3.2 NAME		
STREET ADDRESS	139 W LAKE SHORE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKAWAY NJ 07866		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MARANON, RICARDO		4.2 NAME		
STREET ADDRESS	1400 STILLWATER DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL 33141		4.4 CITY-ST-ZIP		
TITLE	VPV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	QUINN, KAREN M		5.2 NAME		
STREET ADDRESS	5535 NETHERLAND AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRONX NY		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HALVORSEN, MARILOU C		6.2 NAME		
STREET ADDRESS	145 MARILYN DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	BRICK NJ		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: Raymond M. Brenner REQUIRED 1/15/98 (973) 812-7425