

•SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000005441 (8)

1. Corporation Name

ECTS, A SCENIC TECHNOLOGY COMPANY, INC.

Principal Place of Business

335 TEMPLE HILL RD.
NEW WINDSOR NY 12553

Mailing Address

335 TEMPLE HILL RD.
NEW WINDSOR NY 12553

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/21/1996
3a. Date of Last Report

2. Principal Place of Business

21 539 TEMPLE HILL RD

Suite, Apt. #, etc.

22

City & State

23 NEW WINDSOR, NY

Zip

24 10990

Country

25 USA

2a. Mailing Address

26 539 TEMPLE HILL RD

Suite, Apt. #, etc.

27

City & State

28 NEW WINDSOR, NY

Zip

29 10990

Country

30 USA

4. FEI Number

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ 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, and I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

James Mahoney - Controller

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
ENNIS, WILLIAM
STREET ADDRESS 210 SYLVAN AVE.
CITY-ST-ZIP ENGLEWOOD CLIFFS NJ 07632

TITLE ☐ DELETE

NAME PD
HARRIS, JEREMIAH J
STREET ADDRESS 4170 W. HARMON AVE., #6
CITY-ST-ZIP LAS VEGAS NV 89103

TITLE ☐ DELETE

NAME VTS
BAXLEY, KEVIN J
STREET ADDRESS 335 TEMPLE HILL RD.
CITY-ST-ZIP NEW WINDSOR NY 12553

TITLE ☐ DELETE

NAME S
GALANTE, REGINA M
STREET ADDRESS 335 TEMPLE HILL RD.
CITY-ST-ZIP NEW WINDSOR NY 12553

TITLE ☐ DELETE

NAME S
WOLF, JOHN P
STREET ADDRESS 335 TEMPLE HILL RD.
CITY-ST-ZIP NEW WINDSOR NY 12553

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

539 TEMPLE HILL RD
NEW WINDSOR, NY 12553

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

539 TEMPLE HILL RD

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

539 TEMPLE HILL RD

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

539 TEMPLE HILL RD

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

700002303567

-09/25/97--01069--015

***550.00

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 Mahoney - Controller 9/15/97 9/14/97 5447

CR2E034 (4/97)