

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90024 020 ***150.00

DOCUMENT # F96000005747

1. Entity Name
DUNHILL TEMPORARY SYSTEMS, INC.



Principal Place of Business
150 MOTOR PARKWAY
HAUPPAUGE, NY 11788 US

Mailing Address
150 MOTOR PARKWAY
HAUPPAUGE, NY 11788 US



2. Principal Place of Business
9190 Priority Way W Dr
Suite 201
City & State
Indianapolis IN
Zip
46240
Country
USA

3. Mailing Address
9190 Priority Way W Dr
Suite 201
City & State
Indianapolis IN
Zip
46240
Country
USA

03082004 Chg-P CR2E034 (10/03)

4. FEI Number
11-2580149
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/08/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVT
NAME MAGGIO, STEPHEN
STREET ADDRESS 27 MULBERRY DR
CITY-ST-ZIP SMITHTOWN, NY 11787 ☒ Delete

TITLE AT
NAME SICYRELLA, GARY
STREET ADDRESS 2081 BRIGGS ST
CITY-ST-ZIP BELLMORE, NY 11710 ☒ Delete

TITLE VSD
NAME LOGAN, BARRY
STREET ADDRESS 324 OCADINA AVE
CITY-ST-ZIP CORAL GABLES, FL 33130 ☒ Delete

TITLE VASD
NAME MENENDEZ, ANA
STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP COCONUT GROVE, FL 33133 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME LAURA ANNE
STREET ADDRESS 2212 E 69th St
CITY-ST-ZIP Indianapolis, IN 46220 ☒ Change ☒ Addition

TITLE VP
NAME Kim Silcox
STREET ADDRESS 9108 Pinecreek Ct
CITY-ST-ZIP Indianapolis, IN 46256 ☐ Change ☒ Addition

TITLE Secretary
NAME Barry Logan
STREET ADDRESS 12200 N 50th Ave
CITY-ST-ZIP Coral Gables, FL 33134 ☐ Change ☒ Addition

TITLE Treasurer
NAME Robert Freeman
STREET ADDRESS 8546 Lake Clearwater
CITY-ST-ZIP Indianapolis, IN 46240 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/04

Date

317 918-4907

Daytime Phone #