

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90012 041 ***550.00

DOCUMENT # F97000000351

1. Corporation Name

SYSTEMS UNION INCORPORATED

Principal Place of Business

10 BANK STREET
WHITE PLAINS NY 10606

Mailing Address

10 BANK STREET
WHITE PLAINS NY 10606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1997

4. FEI Number

13-3451063

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. ☐ Yes ☐ No

2. Principal Place of Business

21 **1 NORTH LEXINGTON AVE**

2a. Mailing Address

26 **1 NORTH LEXINGTON AVE**

Suite, Apt. #, etc.

22 **10th FLOOR**

Suite, Apt. #, etc.

27 **10th FLOOR**

City & State

23 **WHITE PLAINS NY**

City & State

28 **WHITE PLAINS NY**

Zip

24 **10601**

Country

25 **USA**

Zip

29 **10601**

Country

30 **USA**

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET, STE 300
NORTH MIAMI BEACH FL 33162

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **HELFT, LAWRENCE B**

STREET ADDRESS **15 DRAKE STREET**

CITY-ST-ZIP **MANHASSET NY**

TITLE **S** ☐ DELETE

NAME **WISE, AARON N**

STREET ADDRESS **105 STONEBRIDGE RD**

CITY-ST-ZIP **MONTCLAIR NJ**

TITLE **TD** ☐ DELETE

NAME **PATERSON, JOHN A**

STREET ADDRESS **91 RUE DU FAUBOURG ST HONORE**

CITY-ST-ZIP **PARIS, FRANCE**

TITLE **CD** ☐ DELETE

NAME **PEMBERTON, JOHN L**

STREET ADDRESS **IMPLEY MANOR, MARCHWOOD**

CITY-ST-ZIP **HAMPSHIRE, ENGLAND**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

AL Stoddard
72 Old Colony Rd
Wellesley, MA 02481-2844

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Al Stoddard

7/12/99 (9/14) 948-7770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0116276

CR2E034 (5/99)