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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000003321 (3)

ORIGIN TECHNOLOGY IN BUSINESS, INC.

Principal Place of Business

Mailing Address

FILED Apr 24 1998 8:00am Secretary of State



430 MOUNTAIN AVENUE MURRAY HILL NJ 07974-2732		430 MOUNTAIN AVENUE Murray Hill nj 07974-2732				
	- 10 01011	morning that the grown			DO NOT WRITE IN TH	S SPACE
					 Date Incorporated or Qualified 06/25/1997 	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26	26		13-3473749	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution .	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the o	current year Intangible
24	25 29 30 9. Name and Address of Current Registered Agent		30	Personal Property Tax due June 30. 🛂 Yes 🔲 No		
		ent Hegistered Agent	8		Name and Address of New Registers	d Agent
	CORPORATION SYSTEM		l°	1 Name		İ
1200 SOUTH PINE ISLAND ROAD			8:	2 Street	eet Address (P.O. Box Number is Not Acceptable)	
PU	ANTATION FL 33324		<u> </u>			
			8:	3		
			84	City	_	85 Zip Code
44 0				<u> </u>	F	
office or re	to the provisions of Sections 607.0t e gister ed agent, or both, in the Sta	iuz and 607.1508, Florida Statute te of Florida. Such change was ai	s, the about horized t	ve-named by the con	corporation submits this statement for the purpose poration's board of directors. I hereby accept the a	of changing its registered
ag ent. I ar	m fam iliar with, and accept the obli	gations of, Section 607.0505, Flor	rida Statuto	eś.		Sportal de l'oglatores
SIGNATURE	Signature, typed or printed rume of registered a				ı	
12.		ND DIRECTORS (NOTE	13.	jent signature	required when rainstaling) DATE ADDITIONS/CHANGES TO OFFICERS AT	VID DIDECTORO IN 40
TITLE	PD	DELETE	1.1 TITLE			Change Addition
NAME	STEPANSKI, ANTHONY F	5	1.2 NAME		PRESIDENT	Change
STREET ADDRESS	444 1444		†		RUBERT R CARPENTER	
CITY-ST-ZIP	MURRAY HILLS NJ				430 MOUNTAIN AUGNUE	-14/
TITLE	VSD DELETE		2.1 TITLE	31-21	MURRAY HILL WI 079	Change Addition
NAME	HENECK, MARTIN I		2.2 NAME			
STREET ADDRESS	430 MOUNTAIN AVE			T ADDRESS		
CITY-ST-ZIP	MURRAY HILLS NJ			2 4 CITY-ST-ZIP		
TITLE			3 1 THILE	<u> </u>		Change Addition
NAME	OHOUSE INTO		3.2 NAME			
STREET ADDRESS	430 MOUNTAIN AVE		3.3 STREE	T ADDRESS		
CITY-ST-ZIP	AN IDDAY LILLO ALL		3.4. CITY -			
TITLE	V	DELETE 4.11				Change Addition
NAME	H UTCHINSON, JOHN		4. 2 NAME			
STREET ADDRESS	430 MOUNTAIN AVE		4.3 STREE	T ADDRESS		
CITY-ST-ZIP	MURRAY HILLS NJ		4.4 CITY-	ST-ZIP		
TITLE	V	DELETE 5.1 T				Change Addition
NAME	OWENS, DOUGLAS		5.2 NAME			75
STREET ADDRESS	430 MOUNTAIN AVE		5.3 STREE	t address		T. Aug
CITY-ST-ZIP	MURRAY HILLS NJ		5.4 CITY-	ST-ZIP	grant	00 4941
TITLE	V	DELET e	6.1 TITLE		9900025094 -04/27/9801009(Change Addition
NAME	OATES JR, WARREN T		6.2 NAME		~₩**150.00	311
STREET ADDRESS	100 EAST 42ND STREET		6.3 STREE	T ADDRESS	生本をようじ。しじ	
CITY-ST-ZIP	NEW YORK NY		6.4 CITY -	ST-ZIP		

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 it changed, or on an attrictment with an address.