

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **F97000004177 (8)**

1. Corporation Name

**INTEGRATED AMERICA, INC.**

Principal Place of Business

**ONE MANHATTANVILLE RD  
PURCHASE NY 10577-2100**

Mailing Address

**ONE MANHATTANVILLE RD  
PURCHASE NY 10577-2100**

**FILED**  
**Aug 19 1998 8:00am**  
**Secretary of State**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/07/1997**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**06-1150326**

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

**CT CORPORATION SYSTEM  
1200 SO PINE ISLAND RD  
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. 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 **CPD** ☐ DELETE

NAME **CANET, GERARDO**  
STREET ADDRESS **ONE MANHATTANVILLE RD**  
CITY-STATE-ZIP **PURCHASE NY 10577-2100**

TITLE **VSD** ☐ DELETE

NAME **RYAN, DWIGHT P**  
STREET ADDRESS **ONE MANHATTANVILLE RD**  
CITY-STATE-ZIP **PURCHASE NY 10577-2100**

TITLE **VDC** ☐ DELETE

NAME **GALLANT, PETER**  
STREET ADDRESS **ONE MANHATTANVILLE RD**  
CITY-STATE-ZIP **PURCHASE NY 10577-2100**

TITLE **VD** ☐ DELETE

NAME **WOOD, DONALD S PH.D**  
STREET ADDRESS **ONE MANHATTANVILLE RD**  
CITY-STATE-ZIP **PURCHASE NY 10577-2100**

TITLE **VDC** ☐ DELETE

NAME **HIGHAM, JAY**  
STREET ADDRESS **ONE MANHATTANVILLE RD**  
CITY-STATE-ZIP **PURCHASE NY 10577-2100**

TITLE **DC** ☐ DELETE

NAME **WATKINS, GLENN**  
STREET ADDRESS **ONE MANHATTANVILLE RD**  
CITY-STATE-ZIP **PURCHASE NY 10577-2100**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

**V/T**

**Eugene R. Curcio  
One Manhattanville Road  
Purchase, NY 10577**

**V**

**Donald S. Wood, Ph.D.  
One Manhattanville Road  
Purchase, NY 10577**

**V**

**Jay Higham  
One Manhattanville Road  
Purchase, NY 10577**

**S**

**Claude E. White  
One Manhattanville Road  
Purchase, NY 10577**

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:

*[Signature]*

**8/5/98**

CR2E034 (5/98)