

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90201 018 ***158.75

DOCUMENT # F97000005258

1. Corporation Name
TECHNOLOGY PROGRAM SERVICES ASSOCIATES, INC.

Principal Place of Business
36 CHAMBER LANE
MANALAPAN NJ 07726

Mailing Address
36 CHAMBER LANE
MANALAPAN NJ 07726

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/08/1997

4. FEI Number
22-3390113

Applied For
Not Applicable

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

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of New Registered Agent

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 2494 Rt 547

27 Suite, Apt. #, etc.

28 LAKEHURST NJ

29 08733 30 USA

9. Name and Address of Current Registered Agent

LEE, JONG
1035 S. SEMORAN BLVD., SUITE 1049 BLDG 2
WINTER PARK FL 32792

→ please
change

Thank
you

(P.O. Box Number is Not Acceptable)

FL 85 Zip Code

on submits this statement for the purpose of changing its registered
board of directors. I hereby accept the appointment as registered

20 Jan 99

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTDC ☐ DELETE
NAME JONG, LEE
STREET ADDRESS 36 CHAMBER LANE
CITY-ST-ZIP MANALAPAN NJ 07726

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RESIDENT 20 Jan 99 732657-0060
Date Daytime Phone #

CR2E034 (11/98)