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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90045 008 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000000200

1. Corporation Name
COPELCO ALLIANCES, INC.

Principal Place of Business

700 EAST GATE DRIVE
P.O. BOX 5404
MT. LAUREL NJ 08054-5404
US

Mailing Address

700 EAST GATE DRIVE
P.O. BOX 5404
MT. LAUREL NJ 08054-5404
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1998

4. FEI Number

59-3482384

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

CSC THE UNITED STATES CORP. COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301-2525

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 ☐ DELETE

NAME **PD**
BERG, IAN J
STREET ADDRESS **700 EAST GATE DR.**
CITY-ST-ZIP **MT. LAUREL NJ 08054-5404**

TITLE ☒ DELETE

NAME **SVP**
JACKSON, LYNDIA K
STREET ADDRESS **10199 SOUTHSIDE BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ DELETE

NAME **S**
LEMPERT, SPENCER
STREET ADDRESS **700 EAST GATE DR.**
CITY-ST-ZIP **MT. LAUREL NJ 08054-5404**

TITLE ☐ DELETE

NAME **T**
COWELL, JOHN A
STREET ADDRESS **700 EAST GATE DR.**
CITY-ST-ZIP **MT. LAUREL NJ 08054-5404**

TITLE ☐ DELETE

NAME **D**
SEKI, TADAYUKI
STREET ADDRESS **335 MADISON AVENUE**
CITY-ST-ZIP **NEW YORK NY 10017**

TITLE ☐ DELETE

NAME **AS**
ZINN ABEL, LAUREN
STREET ADDRESS **700 EAST GATE DRIVE**
CITY-ST-ZIP **MT. LAUREL NJ 08054-5404**

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 **John Hakemian**

2.3 STREET ADDRESS **335 Madison Ave.**

2.4 CITY-ST-ZIP **New York, NY 10017**

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: **X** **SIGNATURE REQUIRED** **SPENCER N. LEMPERT** **1/11/99** **(609) 231-9600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)