


FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90096 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000003375					
1. Corporation Name COMPUTER BUSINESS SCIENCES, INC.					
Principal Place of Business 80-02 KEW GARDENS RD. SUITE 5000 KEW GARDENS NY 11415			Mailing Address 80-02 KEW GARDENS RD. SUITE 5000 KEW GARDENS NY 11415		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 80-02 KEW GARDENS RD			3. Date Incorporated or Qualified 06/15/1998		
2a. Mailing Address 21 80-02 KEW GARDENS RD			4. FEI Number 11-3304370		
Suite, Apt. #, etc. 22 4000			Applied For <input type="checkbox"/> Not Applicable		
City & State 23 KEW GARDENS NY			5. Certificate of Status Desired FD \$8.75 Additional Fee Required		
Zip 24 11415			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
Country 25 USA			8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9. Name and Address of Current Registered Agent RIMBERG, ROBERT L 782 NW LE JEUNNE MIAMI FL 33128			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	COHEN, DORON		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	47 PARKER BLVD		1.2 NAME		
CITY-ST-ZIP	MONSEY NY 10952		1.3 STREET ADDRESS		
TITLE	V	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
NAME	VESEL, PAUL		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	11 WILLIAM ST.		2.2 NAME		
CITY-ST-ZIP	GREAT NECK NY 11023		2.3 STREET ADDRESS		
TITLE	CTO	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP		
NAME	PEACOCK, KIMBERLY		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	118-80 METROPOLITAN AVE., 4J		3.2 NAME		
CITY-ST-ZIP	KEW GARDENS NY 11415		3.3 STREET ADDRESS		
TITLE	C	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		
NAME	BENDELL, BRUCE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	80-02 KEW GARDENS RD		4.2 NAME		
CITY-ST-ZIP	KEW GARDENS NY 11415		4.3 STREET ADDRESS		
TITLE	D	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
NAME	HALL, BRUCE A		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	12 MEADOWVIEW DR.		5.2 NAME		
CITY-ST-ZIP	BROOKFIELD CT 06804		5.3 STREET ADDRESS		
TITLE	CFO	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
NAME	FEINSTEIN, RICHARD L		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	44 HEDGEROW LANE		6.2 NAME		
CITY-ST-ZIP	JERICHO NY 11753		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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce A. Hall, VP & Chief Operations Officer 5/17/99

4-28-99 (118) 520-6500

CR2E034 (1/98)