

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

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

05-04-1999 90011 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000003473

1. Corporation Name

SGS AMERICAS AREA SUPPORT, INC.

Principal Place of Business

42 BROADWAY
NEW YORK, NY 10004

Mailing Address

42 BROADWAY
NEW YORK NY 10004

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/18/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		13-4008545	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29	
30					

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CZURA, ANTONY	1.2 NAME	ROGER YOUNG
STREET ADDRESS	42 BROADWAY	1.3 STREET ADDRESS	42 BROADWAY
CITY - ST - ZIP	NEW YPRK, NY 10004	1.4 CITY - ST - ZIP	NEW YORK, NY 10004
TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINER, HANS	2.2 NAME	
STREET ADDRESS	42 BROADWAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NY 10004	2.4 CITY - ST - ZIP	
TITLE	SECERTARY <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIREN, MELISSA	3.2 NAME	
STREET ADDRESS	9 CAMPUS DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PARSIPPANY, NJ 07054	3.4 CITY - ST - ZIP	
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAUDIO, JORGE	4.2 NAME	
STREET ADDRESS	42 BROADWAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NY 10004	4.4 CITY - ST - ZIP	
TITLE	ASS'T SECERTARY <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIDWELL, ROBERT	5.2 NAME	
STREET ADDRESS	9 CAMPUS DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	PARSIPPANY, NJ 07054	5.4 CITY - ST - ZIP	
TITLE	TREASURER <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENDER, PETER	6.2 NAME	
STREET ADDRESS	42 BROADWAY	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NY 10004	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

Date

Daytime Phone #