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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H11988

(3)

1. Corporation Name

WM COMPUTER SERVICES, INC.



Principal Place of Business

40 E CLINTON AVE  
TENAFLY NJ 07670  
US

Mailing Address

PO BOX 101  
TENAFLY NJ 07670  
US

3. Date Incorporated or Qualified

07/12/1984

3a. Date of Last Report

02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANOOGIAN, HAROLD  
58-45 SOUTHWEST 72ND AVE.  
MIAMI FL 33143

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 607.1503, 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 the corporation

(If the Registered Agent signature is required when filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
MANOOGIAN, HAROLD  
58-45 SOUTHWEST 72ND AVE  
MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MALAJIAN, GARY  
40 EAST CLINTON AVE  
TENAFLY NJ

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96

201  
568-8989

Date

Day/Year/Phone #

CR2E034 (12/95)