

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **L10600** (9)

1. Corporation Name

NATIONAL RX SERVICES NO. 2, INC.

55 MAY -1 AM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

100 SUMMIT AVENUE
MONTVALE NJ 07645-1712
US

Mailing Address

100 SUMMIT AVENUE
MONTVALE NJ 07645-1712
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/22/1989

3a. Date of Last Report
04/05/1994

4. FBI Number
22-3008686

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 has liability for intangible tax under S. 199 U.S.
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt # etc.

State Apt # etc.

22

City & State

City & State

23

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.01(2) and 607.15(8) 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 authorized to accept the delegation of Section 607.01(2) Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement

Signature of the person who is authorized to sign this statement

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

NAME	DP
STREET ADDRESS	SUTHERN, PAUL C.
CITY, STATE, ZIP	100 SUMMIT AVE MONTVALE NJ
NAME	DV
STREET ADDRESS	KLEIN, FREDERICK
CITY, STATE, ZIP	100 SUMMIT AVE MONTVALE NJ
NAME	V
STREET ADDRESS	FAILLA, FRANK J
CITY, STATE, ZIP	100 SUMMIT AVENUE MONTVALE NJ
NAME	V
STREET ADDRESS	MELE, CHARLES A
CITY, STATE, ZIP	100 SUMMIT AVENUE MONTVALE NJ
NAME	ST
STREET ADDRESS	MARRERO, VICTOR L
CITY, STATE, ZIP	100 SUMMIT AVE MONTVALE NJ
NAME	V
STREET ADDRESS	COOPER, JAMES H
CITY, STATE, ZIP	100 SUMMIT AVENUE MONTVALE NJ

NAME	DP	☒ Change ☐ Addition
STREET ADDRESS	Thompson, Terry R.	
CITY, STATE, ZIP	100 Summit Avenue Montvale, NJ 07645	
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, STATE, ZIP		
NAME	V	☒ Change ☐ Addition
STREET ADDRESS	Findling, Michael	
CITY, STATE, ZIP	100 Summit Avenue Montvale, NJ 07645	
NAME	S	☒ Change ☐ Addition
STREET ADDRESS	Duffy, James B	
CITY, STATE, ZIP	100 Summit Avenue Montvale, NJ 07645	
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, STATE, ZIP		

14. I do hereby certify that the information supplied with this filing is substantially true and correct and that I am a duly authorized officer or director of the corporation 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:

Frank J. Failla Jr.
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/95

(201)358-5400