FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 5:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02889** **(4)**

1. Corporation Name
COMMUNITY COUNSELLING SERVICE CO., INC.

Principal Place of Business
36 BEACH ROAD
2ND FLOOR
MONMOUTH BEACH NJ 07750

Mailing Address
36 BEACH ROAD
2ND FLOOR
MONMOUTH BEACH NJ 07750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1984
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business — 21
Suite Apt # etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite Apt # etc — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 13-2837520 — 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORP. SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	FOERST, JOHN G. JR
STREET ADDRESS	350 FIFTH AVE.,STE.7210
CITY, ST, ZIP	NEW YORK NY
TITLE	PTD
NAME	HANRAHAN, WILLIAM B.
STREET ADDRESS	350 FIFTH AVE.,STE.7210
CITY, ST, ZIP	NEW YORK NY
TITLE	V
NAME	MICHAEL GERUN
STREET ADDRESS	36 BEACH ROAD
CITY, ST, ZIP	MONMOUTH BEACH N.
TITLE	SD
NAME	GARRITY, JAMES L.
STREET ADDRESS	605 THIRD AVE
CITY, ST, ZIP	NEW YORK NY
TITLE	VD
NAME	KISSANE, ROBERT
STREET ADDRESS	350 5TH AVE STE 7210
CITY, ST, ZIP	NEW YORK NY
TITLE	VD
NAME	MOUGHAN, PATRICK
STREET ADDRESS	8420 W BRYNMAWR #615
CITY, ST, ZIP	CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	
71 TITLE	☐ Change ☐ Addition
72 NAME	
73 STREET ADDRESS	
74 CITY, ST, ZIP	
81 TITLE	☐ Change ☐ Addition
82 NAME	
83 STREET ADDRESS	
84 CITY, ST, ZIP	
91 TITLE	☐ Change ☐ Addition
92 NAME	
93 STREET ADDRESS	
94 CITY, ST, ZIP	
101 TITLE	☒ Change ☐ Addition
102 NAME	
103 STREET ADDRESS	8750 WEST BRYN MAWR, #510
104 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing, if voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Further certify that the information indicated on the 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 the 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: MICHAEL GERUN 4/27/95 908-222-7997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title V.P. FINANCE — Daytime Phone #

0396316 FP