

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P02889 (4)

1. Corporation Name

COMMUNITY COUNSELLING SERVICE CO., INC.



Principal Place of Business

Mailing Address

36 BEACH ROAD
2ND FLOOR
MONMOUTH BEACH NJ 07750

36 BEACH ROAD
2ND FLOOR
MONMOUTH BEACH NJ 07750

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/31/1984

3a. Date of Last Report
05/01/1995

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 s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORP. SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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

Signature typed or printed name of registered agent and the address

Signature typed or printed name of registered agent and the address

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME FOERST, JOHN G. JR.
STREET ADDRESS 350 FIFTH AVE., STE. 7210
CITY - ST - ZIP NEW YORK NY ☐ DELETE

TITLE PTD
NAME HANRAHAN, WILLIAM B.
STREET ADDRESS 350 FIFTH AVE., STE. 7210
CITY - ST - ZIP NEW YORK NY ☐ DELETE

TITLE V
NAME MICHAEL GERUN
STREET ADDRESS 36 BEACH ROAD
CITY - ST - ZIP MONMOUTH BEACH N. ☐ DELETE

TITLE SD
NAME GARRITY, JAMES L.
STREET ADDRESS 605 THIRD AVE
CITY - ST - ZIP NEW YORK NY ☐ DELETE

TITLE VD
NAME KISSANE, ROBERT
STREET ADDRESS 350 5TH AVE STE 7210
CITY - ST - ZIP NEW YORK NY ☐ DELETE

TITLE VD
NAME MOUGHAN, PATRICK
STREET ADDRESS 8750 WEST BRYN MAWR, #510
CITY - ST - ZIP CHICAGO IL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 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 19.07(3)(a), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL GERUN
V.P. FINANCE

4/25/96

908-222-7997
Daytime Phone #

CR2E034 (12/95)