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 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DOCUMENT # P04061

1. Corporation Name
CTEK, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O TAX DIVISION 12TH FLOOR 180 MAIDEN LANE NEW YORK, NY 10038	C/O TAX DIVISION 12TH FLOOR 180 MAIDEN LANE NEW YORK, NY 10038

3. Date Incorporated or Qualified: 11/14/84
3a. Date of Last Report: 2/4/94

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 22-2479155 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SAUSER, WILLIAM 751 RIVERSIDE AVE JACKSONVILLE, FL 32201	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	☐ Change ☐ Addition
NAME	CULLER, HAROLD G	12 NAME	
STREET ADDRESS	135 DEEPDALE DR	13 STREET ADDRESS	
CITY-ST-ZIP	MIDDLETOWN, NJ	14 CITY-ST-ZIP	
TITLE	V/D/S	21 TITLE	☐ Change ☐ Addition
NAME	GRILLO, THOMAS F	22 NAME	
STREET ADDRESS	ONE CONTINENTAL DR	23 STREET ADDRESS	
CITY-ST-ZIP	CRANBURY, NJ	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	ELSAMMAK, IBRAHIM	32 NAME	
STREET ADDRESS	ONE CONTINENTAL DR	33 STREET ADDRESS	
CITY-ST-ZIP	CRANBURY, NJ	34 CITY-ST-ZIP	
TITLE	C/D	41 TITLE	☐ Change ☐ Addition
NAME	RAMSDELL, GEORGE H.	42 NAME	
STREET ADDRESS	ONE CONTINENTAL DR	43 STREET ADDRESS	
CITY-ST-ZIP	CRANBURY, NJ	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME	GLEASON, WILLIAM F	52 NAME	
STREET ADDRESS	180 MAIDEN LANE	53 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY	54 CITY-ST-ZIP	
TITLE	A/S	61 TITLE	☐ Change ☐ Addition
NAME	LENOLE, DANIEL A	62 NAME	PERMITTED BY MAY 1
STREET ADDRESS	180 MAIDEN LANE	63 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY	64 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: X Daniel A Lenole DANIEL A LENOLE 5/9/95 212-440-7609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #