

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:43

DOCUMENT # P08645 (4)

1. Corporation Name

AMERICAN MANAGEMENT ASSOCIATIONS, INC.

Principal Place of Business

Mailing Address

ATTN JOHN KNOX
P O BOX 319
SARANAC LAKE NY 12983
US

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P O BOX 319
SARANAC LAKE NY 12983
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/06/1986 3a. Date of Last Report 03/01/1994

4. FEI Number 23-7259445 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYES ST
SUITE 105
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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME STITES, ROBERT C.
STREET ADDRESS 135 W. 50TH ST
CITY-ST-ZIP NEW YORK NY

1.1 TITLE C
1.2 NAME Rothberg, Joan O.
1.3 STREET ADDRESS 135 W. 50th St.
1.4 CITY-ST-ZIP New York, NY 10020 ☒ Change ☐ Addition

TITLE PCEO
NAME FAGIANO, DAVID
STREET ADDRESS 135 WEST 50TH STREET
CITY-ST-ZIP NEW YORK NY

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME CONWAY, PATRICIA
STREET ADDRESS 135 WEST 50TH STREET
CITY-ST-ZIP NEW YORK NY

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE CVP
NAME GIGLIO, FRANK R.
STREET ADDRESS 135 WEST 50TH STREET
CITY-ST-ZIP NEW YORK NY

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE CC
NAME SMITH, MITCHEL R
STREET ADDRESS TRUDEAU RD
CITY-ST-ZIP SARANAC LAKE NY

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE T
NAME EDELSTEIN, JOHN E.
STREET ADDRESS 135 W. 50TH STREET
CITY-ST-ZIP NEW YORK NY

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 110.07(3)(b), 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 617, 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

MITCHEL R. SMITH

1/11/95

Date

518-891-1500 x300

Mytel Phone #