

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P09820

(2)

1. Corporation Name
MEPCO/CENTRALAB, INC.

Principal Place of Business
% P.S. FRIEDLANDER
100 E. 42ND ST.
NEW YORK NY 10017

Mailing Address
% P.S. FRIEDLANDER
100 E. 42ND ST.
NEW YORK NY 10017-5813

3. Date Incorporated or Qualified
04/17/1986

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
13-3267241

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 607.0502 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME TUMMINELLO, S. C
STREET ADDRESS 100 EAST 42ND ST
CITY-ST-ZIP NEW YOR NY ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE C
NAME KNOTT, WAYNE
STREET ADDRESS 2001 W. BLUE HERON
CITY-ST-ZIP RIVIERA BEACH FL ☐ DELETE

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

TITLE VSD
NAME ROZEL, SAMUEL J.
STREET ADDRESS 100 E. 42ND ST.
CITY-ST-ZIP NEW YORK NY ☐ DELETE

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

TITLE V
NAME FRIEDLANDER, P.S.
STREET ADDRESS 100 E 42ND ST.
CITY-ST-ZIP NEW YORK NY ☐ DELETE

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

TITLE T
NAME CUNDEY, S.I., JR.
STREET ADDRESS 100 E 42ND ST.
CITY-ST-ZIP NEW YORK NY ☐ DELETE

5.1 TITLE Treasurer ☒ Change ☐ Addition
5.2 NAME William E. Curran
5.3 STREET ADDRESS 100 East 42nd Street
5.4 CITY-ST-ZIP New York, NY 10017-5699

TITLE D
NAME CURRAN, WILLIAM E.
STREET ADDRESS 100 EAST 42ND STREET
CITY-ST-ZIP NEW YORK NY ☐ DELETE

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Paul S. Friedlander

1/14/97

212-850-5192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

0003923

CR2E034 (9/96)