SECOND NOTICE. CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P16641

1. Corporation Name
SGS GOVERNMENT PROGRAMS INC.

Principal Place of Business — Mailing Address

3. Date Incorporated or Qualified: 11/02/1987
3a. Date of Last Report: 4/19/1994

2. Principal Place of Business
21
Suite, Apt #, etc: 22 42 BROADWAY
City & State: 23 NEW YORK, NY
Zip: 24 10004 — County: 25

2a. Mailing Address
26
Suite, Apt #, etc: 27 42 BROADWAY
City & State: 28 NEW YORK, NY
Zip: 29 10004 — County: 30

4. FEI Number: 52-1534682 — 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
CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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 607.0505 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC ☐ DELETE	1.1 TITLE	A. SECRETARY ☐ Change ☒ Addition
NAME	HAROLD LOEVY	1.2 NAME	R. K. BRIDWELL
STREET ADDRESS	42 BROADWAY	1.3 STREET ADDRESS	9 CAMPUS DR.
CITY-ST-ZIP	NEW YORK, NY 10004	1.4 CITY-ST-ZIP	PARSIPPANY, NJ 07054
TITLE	Treasurer ☐ DELETE	2.1 TITLE	Director ☐ Change ☐ Addition
NAME	PETER A. CIDER	2.2 NAME	STEVEN DRAPER
STREET ADDRESS	42 BROADWAY	2.3 STREET ADDRESS	42 BROADWAY
CITY-ST-ZIP	NEW YORK, NY 10004	2.4 CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	SECRETARY ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	EDITH CLARK	3.2 NAME	
STREET ADDRESS	42 BROADWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10004	3.4 CITY-ST-ZIP	
TITLE	DIRECTOR ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Antony Czura	4.2 NAME	
STREET ADDRESS	42 BROADWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10004	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	400001917664 ☐ Change ☐ Addition
NAME		6.2 NAME	-08/09/96--01030--005
STREET ADDRESS		6.3 STREET ADDRESS	***225.00
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CORPORATION (3/96)

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)(kk), Florida Statutes. I further certify that the information listed 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: Treasurer — 7/31/96 — 212-804-4780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/96