

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

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90139 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 16641

1. Corporation Name

SGS GOVERNMENT PROGRAMS, INC.

Principal Place of Business 42 BROADWAY NEW YORK, NY 10004	Mailing Address 42 BROADWAY NEW YORK, NY 10004
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/02/1987	
21		26		4. FEI Number 52-1534682	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election: Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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
85	Zip Code

FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENDER, PETER	1.2 NAME	
STREET ADDRESS	42 BROADWAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NY 10004	1.4 CITY - ST - ZIP	
TITLE	AS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, EDITH	2.2 NAME	
STREET ADDRESS	42 BROADWAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NY	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPCHURCH, CHARLES	3.2 NAME	
STREET ADDRESS	42 BROADWAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NY 10004	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CZURA, ANTONY	4.2 NAME	
STREET ADDRESS	42 BROADWAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NY 10004	4.4 CITY - ST - ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIDWELL, R.K	5.2 NAME	
STREET ADDRESS	9 CAMPUS DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	PARSIPPANY, NJ 07054	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAPER, STEVEN	6.2 NAME	
STREET ADDRESS	42 BROADWAY	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NY 10004	6.4 CITY - ST - ZIP	
TITLE	S	7.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRNE, MELISSA	7.2 NAME	
STREET ADDRESS	9 CAMPUS DRIVE	7.3 STREET ADDRESS	
CITY - ST - ZIP	PARSIPPANY, NJ 07054	7.4 CITY - ST - ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #