FILE NOW: FILING FEE AFTER MAY 1 IS $226.00

APPROVED AND FILED

94 JUL -6 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
TRANSPORT MUTUAL SERVICES, INC.

DOCUMENT #
P17139 (7)

Mailing Address
21 WEST STREET, FL-22
NEW YORK NY 10006

Principal Place of Business
21 WEST STREET, FL-22
NEW YORK NY 10006

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

3. Date Incorporated or Qualified: 12/10/1987
3a. Date of Last Report: 04/20/1993

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 13-2988722
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 Exempt from $138.75 Supplemental Fee ☐

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 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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P	1.1 TITLE	President
1.2 NAME	HAMILTON JAMES S	1.2 NAME	David W. Matsuoka
1.3 STREET ADDRESS	1397 LUKE STREET	1.3 STREET ADDRESS	91 Central Park West
1.4 CITY-ST-ZIP	NO. BRUNSWICK NJ	1.4 CITY-ST-ZIP	N.Y. N.Y 10023
2.1 TITLE	~~VP~~	2.1 TITLE	
2.2 NAME	MAJOR THOMAS	2.2 NAME	
2.3 STREET ADDRESS	24 CRESCENT AVENUE	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	WALDWICK NJ	2.4 CITY-ST-ZIP	
3.1 TITLE	~~T~~	3.1 TITLE	T/S
3.2 NAME	~~MARLOWE, JUDITH~~	3.2 NAME	Marlowe, Judith
3.3 STREET ADDRESS	1306 AARON ROAD	3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	NO. BRUNSWICK NJ	3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	V
4.2 NAME		4.2 NAME	Jacobson, Lawrence
4.3 STREET ADDRESS		4.3 STREET ADDRESS	21 Ledyard Place
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	Staten Island, NY
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		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 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or 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: Jeanne Marlowe Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-27-94
Date

212-574-8500
Daytime Phone #