

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

03009

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P17139** (7)
1. Corporation Name
TRANSPORT MUTUAL SERVICES, INC.



Principal Place of Business: **21 WEST STREET, FL-22
NEW YORK NY 10006**
Mailing Address: **21 WEST STREET, FL-22
NEW YORK NY 10006**

2. Principal Place of Business: **21 15 Exchange Place
Suite, Apt. #, etc. 10th Floor
City & State Jersey City, N.J.
Zip 07302 Country USA**
2a. Mailing Address: **26 15 Exchange Place
Suite, Apt. #, etc. 10th Floor
City & State Jersey City, N.J.
Zip 07302 Country USA**

3. Date Incorporated or Qualified: **12/10/1987**
3a. Date of Last Report: **02/15/1995**
4. FEI Number: **13-2988722**
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
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, if not applicable, _____) (NOTE: Registered Agent signature required when making change) DATE: _____

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE |
|---------------------|--------------------|------------------|-------------------------|-------------------------------------|
| P | MARTOWSKI, DAVID W | 91 CENTRAL PK W | NEW YORK NY | <input type="checkbox"/> |
| TS | MARLOWE, JUDITH | 1306 AARON ROAD | NO. BRUNSWICK NJ | <input checked="" type="checkbox"/> |
| VP | JARRETT, MICHAEL A | 380 RECTOR PLACE | BATTERY PARK CITY NY | <input type="checkbox"/> |
| Corporate Secretary | Lawrence Jacobson | 21 Ledyard Place | Staten Island, NY 10305 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change | Addition |
|-----------|----------|--------------------|---------------------|-------------------------------------|-------------------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

Corporate Secretary
Lawrence Jacobson
21 Ledyard Place
Staten Island, NY 10305
VP
Michael A Jarrett
55 Franklin Drive
Plainboro, N.J. 08536

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)(k), 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: David C. Marlowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96 201-557-7300
12/15/95
Date: Place

CR2E034 (12/95)