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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90210 036 ***150.00

0524463

DOCUMENT # P19132

1. Corporation Name
ARM INTERNATIONALCORP.

Principal Place of Business	Mailing Address
ONE EXECUTIVE DRIVE FORT LEE NJ 07024	6480 ROCKSIDE WOODS BLVD SO STE 110 CLEVELAND OH 44131 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/05/1988

4. FEI Number: 34-1581635 ☐ 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 owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 99 Wood Ave South	26 99 Wood Ave So.
Suite, Apt. #, etc. 22 10th Fl	Suite, Apt. #, etc. 27 10th Fl
City & State 23 Iselin, NJ	City & State 28 Iselin, NJ
Zip / Country 24 08830 25 USA	Zip / Country 29 08830 30 USA

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, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	HUTCHIN, JIM		1.2 NAME		
STREET ADDRESS	ONE EXECUTIVE DRIVE		1.3 STREET ADDRESS	99 Wood Ave So.	
CITY-ST-ZIP	FT LEE NJ		1.4 CITY-ST-ZIP	Iselin, NJ 08830	
TITLE	T	☐ DELETE	2.1 TITLE	Treasurer	☑ Change ☑ Addition
NAME	DIMAURO, G.		2.2 NAME	Gary German	
STREET ADDRESS	ONE EXECUTIVE DRIVE		2.3 STREET ADDRESS	99 Wood Ave So.	
CITY-ST-ZIP	FT. LEE NJ		2.4 CITY-ST-ZIP	Iselin, NJ 08830	
TITLE	P	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	JADELIS, T		3.2 NAME		
STREET ADDRESS	ONE EXECUTIVE DRIVE		3.3 STREET ADDRESS	99 Wood Ave So.	
CITY-ST-ZIP	FORT LEE NJ		3.4 CITY-ST-ZIP	Iselin, NJ 08830	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BARNHOUSE, DORIS		4.2 NAME		
STREET ADDRESS	6480 ROCKSIDE WOODS		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND OH		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☑ Change ☐ Addition
NAME	SHAWVER, EMORY		5.2 NAME		
STREET ADDRESS	ONE EXECUTIVE DR		5.3 STREET ADDRESS	99 Wood Ave So.	
CITY-ST-ZIP	FORT LEE NJ		5.4 CITY-ST-ZIP	Iselin, NJ 08830	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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: _____ 4/15/99 732 435 7204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)