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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P19735** **(0)**

1. Corporation Name
TITER CORP.

Principal Place of Business	Mailing Address
100 CLEARBROOK ROAD ELMSFORD NY 10523-1102	C/O ROBERT MARTIN COMPANY 100 CLEARBROOK RD ELMSFORD NY 10523 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/21/1988**	3a. Date of Last Report: **04/21/1994**
4. FEI Number: **13-3463548**	☐ 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	

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — County (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — County (30)

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
502 EAST PARK AVENUE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYES STREET

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	BERGER, MARTIN S.	NAME	
STREET ADDRESS	100 CLEARBROOK ROAD	STREET ADDRESS	
CITY-ST-ZIP	ELMSFORD NY	CITY-ST-ZIP	
TITLE	VS	TITLE	☐ Change ☐ Addition
NAME	ROOS, LLOYD I.	NAME	
STREET ADDRESS	100 CLEARBROOK ROAD	STREET ADDRESS	
CITY-ST-ZIP	ELMSFORD NY	CITY-ST-ZIP	
TITLE	CD	TITLE	☐ Change ☐ Addition
NAME	WEINBERG, ROBERT F.	NAME	
STREET ADDRESS	100 CLEARBROOK ROAD	STREET ADDRESS	
CITY-ST-ZIP	ELMSFORD NY	CITY-ST-ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	JONES, TIM M.	NAME	
STREET ADDRESS	100 CLEARBROOK ROAD	STREET ADDRESS	
CITY-ST-ZIP	ELMSFORD NY	CITY-ST-ZIP	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	BERGER, BRAD, W.	NAME	
STREET ADDRESS	100 CLEARBROOK ROAD	STREET ADDRESS	
CITY-ST-ZIP	ELMSFORD NY	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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 added to the report.

SIGNATURE: [signature] MARTIN BERGER 4-26-95 (914) 592-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0473773 FP