

FILE NOW: FILING FEE AFTER 2-14-95 R-1173C IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P20040

(2)

1. Corporation Name

CHECKLOT SERVICE CENTER, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 14 AM 11:48

Principal Place of Business

**233 BROADWAY, ATTN: S. TANNEN
C/O RICHARD LASHLEY
NEW YORK NY 10279
US**

Mailing Address

**233 BROADWAY, ATTN: S. TANNEN
C/O RICHARD LASHLEY
NEW YORK NY 10279
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/13/1988

3a. Date of Last Report

06/29/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

13-3462602

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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, 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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SWAIN, EDGAR J.
STREET ADDRESS	233 BROADWAY
CITY - ST - ZIP	NEW YORK NY
TITLE	VT
NAME	CANNON, JOHN H.
STREET ADDRESS	233 BROADWAY
CITY - ST - ZIP	NEW YORK NY
TITLE	SVPD
NAME	GEIST, JOSEPH
STREET ADDRESS	233 BROADWAY
CITY - ST - ZIP	NEW YORK NY
TITLE	VPD
NAME	LEHRER, THOMAS J.
STREET ADDRESS	233 BROADWAY
CITY - ST - ZIP	NEW YORK NY
TITLE	S
NAME	CLARKE, SHEILAGH M
STREET ADDRESS	233 BROADWAY
CITY - ST - ZIP	NEW YORK NY
TITLE	AT
NAME	TINO, ALFONSO
STREET ADDRESS	233 BROADWAY
CITY - ST - ZIP	NEW YORK NY

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	ASSISTANT SECRETARY
6.3 STREET ADDRESS	THOMAS HOLLAND
6.4 CITY - ST - ZIP	233 BROADWAY NEW YORK, NY 10279

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(5)(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 correct, or on an attachment with an address.

SIGNATURE:

THOMAS HOLLAND

1/30/95 (212) 553-7068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



WOOLWORTH
CORPORATION

WOOLWORTH BUILDING
233 BROADWAY
NEW YORK, NEW YORK
10279-0003
TEL 212-553-2000

February 3, 1995

Department of State
Division of Corporations
Annual Report Section
Post Office Box 1500
Tallahassee, FL 32302-1500

RE: Checklot Services Center, Inc.
FEIN: 13-3462602

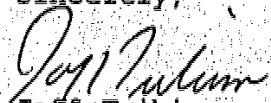
Dear Sir/Madam:

Enclosed please find a completed 1995 Florida Annual Report for Checklot Service Center, Inc.

Also, enclosed please find a check in the amount of \$200.00 in payment of filing fees.

Kindly acknowledge receipt on this letter and please return in the envelope enclosed for your convenience.

Sincerely,


Jeff Tribiano
Senior Tax Manager

Enclosure

JT:sc(1)