SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P20040** **(2)**

1. Corporation Name

CHECKLOT SERVICE CENTER, INC.

Principal Place of Business	Mailing Address
233 BROADWAY. ATTN: S. TANNEN C/O RICHARD LASHLEY NEW YORK NY 10279 US	233 BROADWAY. ATTN: S. TANNEN C/O RICHARD LASHLEY NEW YORK NY 10279 US

3. Date Incorporated or Qualified: 07/13/1988
3a. Date of Last Report: 02/14/1995
4. FEI Number: 13-3462602 ☐ 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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	11 TITLE	PD	☒ Change ☐ Addition
NAME	SWAIN, EDGAR J.		12 NAME	PAUL T. DAVIES	
STREET ADDRESS	233 BROADWAY		13 STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK NY		14 CITY-ST-ZIP	NEW YORK, NY 10279	
TITLE	VT	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	CANNON, JOHN H.		22 NAME		
STREET ADDRESS	233 BROADWAY		23 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		24 CITY-ST-ZIP		
TITLE	SVPD	☒ DELETE	31 TITLE	VD	☒ Change ☐ Addition
NAME	GEIST, JOSEPH		32 NAME	STUART KESSLER	
STREET ADDRESS	233 BROADWAY		33 STREET ADDRESS	233 BROADWAY	
CITY-ST-ZIP	NEW YORK NY		34 CITY-ST-ZIP	NEW YORK, NY 10279	
TITLE	VPD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	LEHRER, THOMAS J.		42 NAME		
STREET ADDRESS	233 BROADWAY		43 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		44 CITY-ST-ZIP		
TITLE	S	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	CLARKE, SHEILAGH M		52 NAME		
STREET ADDRESS	233 BROADWAY		53 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		54 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	HOLLAND, THOMAS		62 NAME		
STREET ADDRESS	233 BROADWAY		63 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: [signature] Thomas Holland 6-17-96 (212)553-7068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #