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

**APPROVED AND FILED**

95 APR 17 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **P22014** **(5)**

1. Corporation Name
**TCG MIAMI, INC.**

600001458916
-04/18/95--01066--001
****600.00 ****200.00

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| TELEPORT I<br>ONE TELEPORT DR<br>STATEN ISLAND NY 10311-1011 | TELEPORT I<br>ONE TELEPORT DR<br>STATEN ISLAND NY 10311-1011 |

3. Date Incorporated or Qualified:
3a. Date of Last Report: **03/30/1994**

2. Principal Place of Business
21 Two Teleport Drive
22 Suite, Apt. #, etc.
23 City & State: Staten Island NY
24 Zip: 10311
25 Country:

2a. Mailing Address
26 Two Teleport Drive
27 Suite, Apt. #, etc.
28 City & State: Staten Island NY
29 Zip: 10311
30 Country:

4. FEI Number: **NOT APPLICABLE** ☐ 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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION FL 33324 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | VPCD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | SCARPATI, JOHN | 12 NAME | |
| STREET ADDRESS | 26 JEFFERSON COURT | 13 STREET ADDRESS | |
| CITY-ST-ZIP | FREEHOLD NJ | 14 CITY-ST-ZIP | |
| TITLE | PCEO | 21 TITLE | ☐ Change ☐ Addition |
| NAME | ANNUNZIATA, ROBERT | 22 NAME | |
| STREET ADDRESS | 17 RED COACH LANE | 23 STREET ADDRESS | |
| CITY-ST-ZIP | HOLMDEL NJ | 24 CITY-ST-ZIP | |
| TITLE | VPS | 31 TITLE | ☐ Change ☐ Addition |
| NAME | THOMSON, JOHN W. | 32 NAME | |
| STREET ADDRESS | 110 HURON DR | 33 STREET ADDRESS | |
| CITY-ST-ZIP | CHATHAM NJ | 34 CITY ST ZIP | |
| TITLE | VPD | 41 TITLE | ☐ Change ☐ Addition |
| NAME | ATKINSON, ROBERT C. | 42 NAME | |
| STREET ADDRESS | 73 LAUREL DRIVE | 43 STREET ADDRESS | |
| CITY-ST-ZIP | NEW PROVIDENCE NJ | 44 CITY ST ZIP | |
| TITLE | VPD | 51 TITLE | ☐ Change ☐ Addition |
| NAME | BRUHNKE, HOWARD W. | 52 NAME | |
| STREET ADDRESS | 147 PINE STREET | 53 STREET ADDRESS | |
| CITY-ST-ZIP | MASSAPEQUA PARK NY | 54 CITY-ST-ZIP | |
| TITLE | VP | 61 TITLE | ☐ Change ☐ Addition |
| NAME | HANSEN, ALF T. | 62 NAME | $87 4/17 |
| STREET ADDRESS | 13 CENTERBURY COURT | 63 STREET ADDRESS | |
| CITY-ST-ZIP | WARREN NJ | 64 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 on an attachment with an address.

**SIGNATURE:** John W. Thomson 4/6/95 718 983-2150

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

D44482 FN