FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

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

1. Corporation Name
TCG MIAMI, INC.

Principal Place of Business	Mailing Address
TWO TELEPORT DRIVE STATEN ISLAND NY 10311	TWO TELEPORT DRIVE STATEN ISLAND NY 10311

3. Date Incorporated or Qualified: 12/7/88
3a. Date of Last Report: 04/17/1995

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

2a. Mailing Address
26 One Telepoet 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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPCD	☐ DELETE	1.1 TITLE	CFO, SVP and D	☑ Change ☐ Addition
NAME	SCARPATI, JOHN		1.2 NAME		
STREET ADDRESS	26 JEFFERSON COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	FREEHOLD NJ		1.4 CITY-ST-ZIP		
TITLE	PCEO	☐ DELETE	2.1 TITLE	C and D	☐ Change ☑ Addition
NAME	ANNUNZIATA, ROBERT		2.2 NAME		
STREET ADDRESS	17 RED COACH LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLMDEL NJ		2.4 CITY-ST-ZIP		
TITLE	VPS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	THOMSON, JOHN W		3.2 NAME		
STREET ADDRESS	110 HURON DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHATHAM NJ		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE	SVP and D	☑ Change ☐ Addition
NAME	ATKINSON, ROBERT C		4.2 NAME		
STREET ADDRESS	73 LAUREL DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PROVIDENCE NJ		4.4 CITY-ST-ZIP		
TITLE	VPD	☑ DELETE	5.1 TITLE	200001816172 -05/10/96-01006--041 ***225.00	☐ Change ☐ Addition
NAME	BRUHNKE, HOWARD W		5.2 NAME		
STREET ADDRESS	147 PINE STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	MASSAPEQUA PARK NY		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE	SVP	☑ Change ☐ Addition
NAME	HANSEN, ALF T		6.2 NAME		
STREET ADDRESS	13 CENTERBURY COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	WARREN NJ		6.4 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 on an attachment with an address.

SIGNATURE: Robert Scarpati 4.25.96 718 355-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #
President

CR2E034 (12/95)