FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 21 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P22337** **(0)**

1. Corporation Name
CLINIQUE SERVICES INC.

Principal Place of Business	Mailing Address
125 PINELAWN ROAD ATTN: TAX DEPT. MELVILLE NY 11747	125 PINELAWN ROAD ATTN: TAX DEPT. MELVILLE NY 11747

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/23/1968**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **13-3488722** ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	11 TITLE	☐ Change ☐ Addition
NAME	PORRETTO, JAMES	12 NAME	
STREET ADDRESS	125 PINELAWN ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY	14 CITY-ST-ZIP	
TITLE	AS	21 TITLE	☐ Change ☐ Addition
NAME	RICHTER, GARY S.	22 NAME	
STREET ADDRESS	125 PINELAWN ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY	24 CITY-ST-ZIP	
TITLE	AS	31 TITLE	☐ Change ☐ Addition
NAME	MANN, JUDITH M.	32 NAME	
STREET ADDRESS	125 PINELAWN ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY	34 CITY-ST-ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	DERSHINSKY, RALPH M.	42 NAME	
STREET ADDRESS	125 PINELAWN ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LANGHAMMER, FRED H.	52 NAME	
STREET ADDRESS	125 PINELAWN ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	LAUDER, LEONARD A.	62 NAME	
STREET ADDRESS	125 PINELAWN ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY	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 the 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: _____ James Porretto 4/14/95 (516) 531-1895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Assistant Secretary

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CLINIQUE SERVICES INC.
EIN: 13-3468722

OFFICERS:

DANIEL BRESTLE PRESIDENT SS# 158-32-0609	125 PINELAWN ROAD MELVILLE, NEW YORK 11747
JOHN M. ROSSOMONDO SR. VP / NAT'L SALES MGR. SS# 142-32-6348	125 PINELAWN ROAD MELVILLE, NEW YORK 11747
IRIS MODEL SR. VP / DIR. OF EDUCATION SS# 060-40-5715	125 PINELAWN ROAD MELVILLE, NEW YORK 11747
SAUL H. NAGRAN VICE PRESIDENT / SECRETARY SS# 123-24-0304	125 PINELAWN ROAD MELVILLE, NEW YORK 11747
ROBERT J. BIGLER VICE PRESIDENT / TREASURER 093-38-5129	125 PINELAWN ROAD MELVILLE, NEW YORK 11747
GARY S. RICHTER ASSISTANT SECRETARY SS# 124-28-6666	125 PINELAWN ROAD MELVILLE, NEW YORK 11747
JUDITH M. MANN ASSISTANT SECRETARY SS# 101-34-4036	125 PINELAWN ROAD MELVILLE, NEW YORK 11747
RALPH M. DERESHINSKY ASSISTANT SECRETARY SS# 014-32-3812	125 PINELAWN ROAD MELVILLE, NEW YORK 11747
JAMES PORRETTO ASSISTANT SECRETARY 092-58-4743	125 PINELAWN ROAD MELVILLE, NEW YORK 11747

DIRECTORS:

FRED H. LANGHAMMER SS# 077-70-0927	125 PINELAWN ROAD MELVILLE, NEW YORK 11747
LEONARD A. LAUDER SS# 009-22-4826	125 PINELAWN ROAD MELVILLE, NEW YORK 11747
SAUL H. NAGRAN, ESQ. SS# 123-24-0304	125 PINELAWN ROAD MELVILLE, NEW YORK 11747