

FILE NOW. FILING FEE AFTER MAY 1 IS \$100.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Matheson Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P22341 (2)
1. Corporation Name ARAMIS SERVICES INC.

Principal Place of Business 125 PINELAWN RD. MELVILLE, NY. 11747	Mailing Address 125 PINELAWN RD. MELVILLE, NY. 11747
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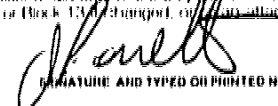
2. Previous Place of Qualification	2a. Mailing Address
21	26
Suite Apt # etc.	Suite Apt # etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET FIRST FLORIDA BANK BUILDING TALLAHASSEE FL 32301	

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: _____	

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	NIELSEN, ROBERT
STREET ADDRESS	125 PINELAWN RD.
CITY, ST, ZIP	MELVILLE NY
TITLE	V
NAME	NAP, DAVID
STREET ADDRESS	125 PINELAWN RD
CITY, ST, ZIP	MELVILLE NY
TITLE	VS
NAME	MAGRAM, SAUL H.
STREET ADDRESS	125 PINELAWN ROAD
CITY, ST, ZIP	MELVILLE NY
TITLE	VT
NAME	BIGLER, ROBERT J
STREET ADDRESS	125 PINELAWN ROAD
CITY, ST, ZIP	MELVILLE NY
TITLE	AS
NAME	RICHTER, GARY S.
STREET ADDRESS	125 PINELAWN ROAD
CITY, ST, ZIP	MELVILLE KY
TITLE	AS
NAME	PORRETTO, JAMES
STREET ADDRESS	125 PINELAWN ROAD
CITY, ST, ZIP	MELVILLE KY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), 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. I am an officer or director of the corporation or the person or person 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 if no attachment with an addition.	
SIGNATURE: 	JAMES PORRETTO ASSISTANT SECRETARY Date: <u>5/2/95</u>

APPROVED AND FILED
95 MAY -1 AM 5:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/23/1988	3a. Date of Last Report 04/06/1994
4. FBI Number 13-3488721	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	

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	