

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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. 11747-3145
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1988	3a. Date of Last Report 04/25/1996
21		26		4. FEI Number 13-3488721	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		

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				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIELSEN, ROBERT	1.2 NAME	
STREET ADDRESS	125 PINELAWN RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAMELA BAXTER	2.2 NAME	
STREET ADDRESS	125 PINELAWN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE N	2.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGRAM, SAUL H.	3.2 NAME	
STREET ADDRESS	125 PINELAWN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY	3.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGLER, ROBERT J	4.2 NAME	
STREET ADDRESS	125 PINELAWN ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHTER, GARY S.	5.2 NAME	
STREET ADDRESS	125 PINELAWN ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE KY	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORRETTO, JAMES	6.2 NAME	
STREET ADDRESS	125 PINELAWN ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE KY	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: **JAMES PORRETTO** **ASSISTANT SECRETARY** **4/4/97** **(516) 531-1324**

CR2E034 (9/96)