

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

**FILED**

**Apr 11 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P22341 (2)**

1. Corporation Name  
**ARAMIS SERVICES INC.**



Principal Place of Business <b>125 PINELAWN RD. MELVILLE, NY. 11747</b>	Mailing Address <b>125 PINELAWN RD. MELVILLE, NY. 11747-3145</b>
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3. Date Incorporated or Qualified <b>12/23/1988</b>	3a. Date of Last Report <b>04/25/1996</b>
4. FEI Number <b>13-3488721</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>NIELSEN, ROBERT</b>	
STREET ADDRESS	<b>125 PINELAWN RD.</b>	
CITY - ST - ZIP	<b>MELVILLE NY</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>PAMELA BAXTER</b>	
STREET ADDRESS	<b>125 PINELAWN ROAD</b>	
CITY - ST - ZIP	<b>MELVILLE N</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>MAGRAM, SAUL H.</b>	
STREET ADDRESS	<b>125 PINELAWN ROAD</b>	
CITY - ST - ZIP	<b>MELVILLE NY</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>BIGLER, ROBERT J</b>	
STREET ADDRESS	<b>125 PINELAWN ROAD</b>	
CITY - ST - ZIP	<b>MELVILLE NY</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>RICHTER, GARY S.</b>	
STREET ADDRESS	<b>125 PINELAWN ROAD</b>	
CITY - ST - ZIP	<b>MELVILLE KY</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>PORRETTO, JAMES</b>	
STREET ADDRESS	<b>125 PINELAWN ROAD</b>	
CITY - ST - ZIP	<b>MELVILLE KY</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *J. Porretto* **JAMES PORRETTO** ASSISTANT SECRETARY **4/4/97** (516) 531-1324

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

CR2E034 (9/96)