

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State
 05-10-2000 90143 046 ***150.00

DOCUMENT # P22341

1. Entity Name
ARAMIS SERVICES INC.

Principal Place of Business CORPORATE CENTER DR NY 11747	Mailing Address 7 CORPORATE CENTER DR MELVILLE NY 11747-3115 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	13-3488721	Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NIELSEN, ROBERT		NAME		
STREET ADDRESS	7 CORPORATE CENER DR		STREET ADDRESS		
CITY-ST-ZIP	MELVILLE NY 11747		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAMELA BAXTER		NAME	VP Tax R/E & Customer	
STREET ADDRESS	7 CORPORATE CENTER DR		STREET ADDRESS	Gerald E. Gibran	
CITY-ST-ZIP	MELVILLE N 11747		CITY-ST-ZIP	7 Corporate Center Dr.	
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAGRAM, SAUL H.		NAME	Secretary	
STREET ADDRESS	7 CORPORATE CENTER DR		STREET ADDRESS	Paul E. Konney	
CITY-ST-ZIP	MELVILLE NY 11747		CITY-ST-ZIP	7 Corporate Center Dr.	
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BIGLER, ROBERT J		NAME		
STREET ADDRESS	7 CORPORATE CENTER DR		STREET ADDRESS		
CITY-ST-ZIP	MELVILLE NY 11747		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANUZIS, ANDRIS		NAME	None Appointed	
STREET ADDRESS	7 CORPORATE CENTER DR		STREET ADDRESS		
CITY-ST-ZIP	MELVILLE KY 11747		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PORRETTO, JAMES		NAME		
STREET ADDRESS	7 CORPORATE CENTER DR		STREET ADDRESS		
CITY-ST-ZIP	MELVILLE KY 11747		CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **JAMES PORRETTO** **ASSISTANT SECRETARY** **4/18/00** **631-847-6347**

CR2E034 (9/99)