

# 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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (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)

**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.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>NIELSEN, ROBERT</b>	
STREET ADDRESS <b>7 CORPORATE CENER DR</b>	
CITY-ST-ZIP <b>MELVILLE NY 11747</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>PAMELA BAXTER</b>	
STREET ADDRESS <b>7 CORPORATE CENTER DR</b>	
CITY-ST-ZIP <b>MELVILLE N 11747</b>	
TITLE <b>VS</b>	<input type="checkbox"/> Delete
NAME <b>MAGRAM, SAUL H.</b>	
STREET ADDRESS <b>7 CORPORATE CENTER DR</b>	
CITY-ST-ZIP <b>MELVILLE NY 11747</b>	
TITLE <b>CFO</b>	<input type="checkbox"/> Delete
NAME <b>BIGLER, ROBERT J</b>	
STREET ADDRESS <b>7 CORPORATE CENTER DR</b>	
CITY-ST-ZIP <b>MELVILLE NY 11747</b>	
TITLE <b>T</b>	<input type="checkbox"/> Delete
NAME <b>ANUZIS, ANDRIS</b>	
STREET ADDRESS <b>7 CORPORATE CENTER DR</b>	
CITY-ST-ZIP <b>MELVILLE KY 11747</b>	
TITLE <b>AS</b>	<input type="checkbox"/> Delete
NAME <b>PORRETTO, JAMES</b>	
STREET ADDRESS <b>7 CORPORATE CENTER DR</b>	
CITY-ST-ZIP <b>MELVILLE KY 11747</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP Tax, R/E, &amp; Customer</b>
STREET ADDRESS	<b>Gerald E. Gibran</b>
CITY-ST-ZIP	<b>7 Corporate Center Dr. Melville, NY 11747</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Secretary</b>
STREET ADDRESS	<b>Paul E. Konney</b>
CITY-ST-ZIP	<b>7 Corporate Center Dr. Melville, NY 11747</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>None Appointed</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES PORRETTO**  
**ASSISTANT SECRETARY**  
 Date: **4/18/00** Daytime Phone #: **631-847-6347**

CR2E034 (9/99)