

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90019 001 \*\*\*150.00

**DOCUMENT # P22341**  
 1. Entity Name  
**ARAMIS SERVICES INC.**

Principal Place of Business 7 CORPORATE CENTER DR MELVILLE NY 11747 US	Mailing Address 7 CORPORATE CENTER DR MELVILLE NY 11747 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

**A0053400**



DO NOT WRITE IN THIS SPACE

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</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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NIELSEN, ROBERT</b> 7 CORPORATE CENER DR MELVILLE NY 11747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PAMELA BAXTER</b> 7 CORPORATE CENTER DR MELVILLE N 11747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>MAGRAM, SAUL H.</b> 7 CORPORATE CENTER DR MELVILLE NY 11747 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Paul E. Koinley</b> 7 Corporate Center Drive Melville, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>BIGLER, ROBERT J</b> 7 CORPORATE CENTER DR MELVILLE NY 11747 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Richard Kunes</b> 7 Corporate Center Drive Melville NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ANUZIS, ANDRIS</b> 7 CORPORATE CENTER DR MELVILLE KY 11747 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Terence Stack</b> 7 Corporate Center Drive Melville, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>PORRETTO, JAMES</b> 7 CORPORATE CENTER DR MELVILLE KY 11747 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, Tax, Real Estate, + Customs</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Gerald Z. Gibian</b> 7 Corporate Center Drive Melville, NY 11747

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 another like empowered.

**SIGNATURE** *Gerald Z. Gibian* **GERALD Z. GIBIAN**  
 CORP. V.P.-TAX, REAL ESTATE & CUSTOMS  
 Date **4/19/01** Daytime Phone # **631-847-6347**

CR2E034 (10/00)