

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

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**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90007 048 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P23603**

1. Corporation Name

**EAGLE STRATEGIES CORP.**

Principal Place of Business

Mailing Address

260 CHERRY HILL ROAD  
PARSIPPANY NJ 07054  
US

51 MADISON AVE  
ROOM 2210  
NEW YORK NY 10010  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/28/1989**

4. FEI Number

**13-3475906**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ ...

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business  
**335 Madison Avenue**

2a. Mailing Address

Suite, Apt. #, etc.  
**Room 2212**

Suite, Apt. #, etc.  
**Suite 200**

City & State  
**New York, NY**

City & State

Zip  
**10017**

Country  
**USA**

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD.**  
**PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME MATHAS, THEODORE  
STREET ADDRESS 51 MADISON AVE  
CITY-ST-ZIP NEW YORK NY

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V ☒ DELETE  
NAME HUDACEK, DANIEL A  
STREET ADDRESS 51 MADISON AVENUE  
CITY-ST-ZIP NEW YORK NY

2.1 TITLE V ☐ Change ☒ Addition  
2.2 NAME Eiss, Mitchell  
2.3 STREET ADDRESS 335 Madison Ave.  
2.4 CITY-ST-ZIP New York, NY 10017

TITLE V ☐ DELETE  
NAME O'BYRNE, JOHN H  
STREET ADDRESS 51 MADISON AVENUE  
CITY-ST-ZIP NEW YORK NY

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME CALHOUN, JAY S  
STREET ADDRESS 51 MADISON AVENUE  
CITY-ST-ZIP NEW YORK NY

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE AS ☒ DELETE  
NAME SMITH, THOMAS A  
STREET ADDRESS 51 MADISON AVE  
CITY-ST-ZIP NEW YORK NY 10010

5.1 TITLE AS ☐ Change ☒ Addition  
5.2 NAME Catherine Marrion  
5.3 STREET ADDRESS 51 Madison Ave.  
5.4 CITY-ST-ZIP New York, NY 10010

TITLE V ☒ DELETE  
NAME POLIS, ANTHONY W  
STREET ADDRESS 51 MADISON AVENUE  
CITY-ST-ZIP NEW YORK NY

6.1 TITLE V ☐ Change ☒ Addition  
6.2 NAME Thomas Warga.  
6.3 STREET ADDRESS 51 Madison Avenue  
6.4 CITY-ST-ZIP New York, NY 10010

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Louis H. Adasse, Corp. VP** 1/27/99

(212) 576-7410

Date

Daytime Phone #

CR2E034 (11/98)