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May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P26360** **(8)**

1. Corporation Name
HERITAGE MECHANICAL BREAKDOWN CORPORATION

Principal Place of Business	Mailing Address
260 LONG RIDGE RD STAMFORD CT 06927 US	260 LONG RIDGE RD ATTN: JOSEPHINE MILLER STAMFORD CT 06927 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1989

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

4. FEI Number: 95-4246217 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET SUITE 105 TALLAHASSEE FL 32301	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE	Asst Treas. Taxes	☐ Change ☑ Addition
NAME	OWENS, JAMES J		1.2 NAME	Gary J Schulman	
STREET ADDRESS	4647 ADONIS PL		1.3 STREET ADDRESS	777 Long Ridge Road	
CITY-ST-ZIP	MOORPARK CA		1.4 CITY-ST-ZIP	Stamford CT 06927	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOSTIC, EDWARD D.		2.2 NAME		
STREET ADDRESS	3999 BARCELONA PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEWBURY PARK CA		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	METCALF, MARC G		3.2 NAME		
STREET ADDRESS	131 RIVERSIDE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10024		3.4 CITY-ST-ZIP		
TITLE	SVPT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CAR, KEVIN M.		4.2 NAME		
STREET ADDRESS	1405 LA FITTE DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	OAK PARK CA 91301		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: Gary J. Schulman 4-27-98 203-357-4541