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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90037 010 ***150.00

DOCUMENT # P26645

PHILIPS CIRCUIT ASSEMBLIES, INC.

Principal Place of Business Mailing Address						- (1881)984 (18 11818 81118 81111 81881 8711 8181)	#1811 B1811 9131) #	1811 61811 1891	
00-EAST-42ND VEW-YORK-NY	STREET	1 00 EAST 42ND STREE T	100 East 42ND Stree t N ew York NY 1001 7						
1251 Avenue of the Americas				-		DO NOT WRITE IN THIS SPACE			
New York, New York 10020						3. Date Incorporated or Qualifed			
New 10	ik, New Tolk To	320				10/30/1989			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For	
1		26	26			13-3339193	No	t Applicable	
Suite, Apt.	Suite, Apt. #, etc.	atc.			5. Certificate of Status Desired	\$8.75			
2		27	27			3. Certificate of bladde beamed	Fee Re	quired	
~City & State		City.& State	City.& State			-6-Election Campaign Financing	\$5.00	May-Be -	
3	<u></u>	28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	<u>├</u>			8. This corporation owes the current year Intangible			
4	25	29 30	29 30			Personal Property Tax.			
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	Agent		
67.0	CORDORATION OVOTEN		8	1 Name		•		,	
CT CORPORATION SYSTEM			8	2 Street	Addre	Iress (P.O. Box Number is Not Acceptable)			
1200 S. PINE ISLAND ROAD									
PLAN	ITATION FL 33324		8	3				ſ	
			9	4 City			85 Zip (Code	
			ľ	City		FI	_		
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 age	ant and title if applicable (NOTE: Re-	sistered Ac	ent signature	required	when reinstating) DATE		j	
12.		ND DIRECTORS	13.		-	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	PT	☐ DELETE	1.1 TITLE	- _	Pi		Change	☐ Addition	
NAME I	CURRAN, WILLIAM E.		1.2 NAM	ŧ		William E. Curran		ĺ	
STREET ADDRESS	100 EAST 42ND ST			ET ADDRESS	1251 Avenue of the Americas				
CITY-ST-ZIP			l .		1	ew York, New York 100			
TITLE	VSD	☐ DELETE	2.1 TITLE		1	•	Change	Addition	
NAME	ROZEL, S.J.		2.2 NAM	=		SD amuel J. Rozel		J	
STREET ADDRESS	1 00 E. 42ND STRE ET			ET ADDRESS		251 Avenue of the Ame	ricas	ł	
	NEW YORK NY 10017		2. 4 CITY			w York, New York 1		ſ	
CITY-ST-ZIP TITLE	VS	☐ DELETE	3.1 TITLE		VS		Change	Addition	
NAME I	FRIEDLANDER, P.S.		3.2 NAMI		1 ' "	aul S. Friedlander		}	
STREET ADDRESS	180 E. 42ND STREET			- ET ADDRESS	1 -	251 Avenue of the Ame	aricae		
ļ	NEW YORK NY 10017-		3.4, CITY			ew York, New York 1			
CITY-ST-ZIP	AS	ET DELETE	4.1 TITLE				☐ Change	Addition	
NAME	OATES, WARREN T.	<u></u>	4. 2 NAM		AS W	arren T. Oates, Jr.	- •	_	
STREET ADDRESS	400 E. 42ND STREET	Ì	_	ET ADDRESS		251 Avenue of the Ame	aricas		
1	NEW-YORK NY 10017		4.4 CITY				0020		
CITY-ST-ZIP	HEN TORK III 10011	DELETE	5.1 TITLE		110	EW TOLK, NEW TOLK IN	☐ Change	Addition	
ì		3	5.2 NAMI						
NAME		٠		ET ADDRESS					
STREET ADDRESS			5,4 CITY-		ļ				
CITY-ST-ZIP		DELETE	6.1 TITLE		+-		☐ Change	☐ Addition	
TITLE		ا محدداد	6.2 NAMI		ł				
NAME		,		ET ADORESS					
STREET ADDRESS	War to the contract of	. /	6.4 CITY		1			{	
CITY-ST-ZIP	ertify that the information supplied w	ith this fillng does hat audithular th			d in Se	ection 119.07(3)(i). Florida Statutes, I further co	ertify that the i	nformation	

is the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an improvered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in arrivers, with all other like empowered. officer or director of the corporation Block 12 or Block 13 if changed, of

SIGNATURE:

indicated on this annual report or supplierdental annual

4/23/99

212-536-0**750**

Daytime Phone #