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FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P27344

(1)

1. Corporation Name
HCPG CORPORATION

Principal Place of Business

ATTENTION: DON WESTFALL
OLD ORCHARD ROAD, MD 105, 1063
ARMONK NY 10504

Mailing Address

ATTENTION: DON WESTFALL
OLD ORCHARD ROAD, MD 105, 1063
ARMONK NY 10504



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified

12/18/1989

3a. Date of Last Report

03/18/1996

4. FEI Number

13-3547313

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

31. Name

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

33.

34. City

FL

35. 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

TITLE V ☐ DELETE

NAME ELLIOTT, MARK W.
STREET ADDRESS ROUTE 100, P. O. BOX 100
CITY - ST - ZIP SOMERS NY 10589

TITLE S ☐ DELETE

NAME WESTFALL, DONALD D
STREET ADDRESS OLD ORCHARD ROAD
CITY - ST - ZIP ARMONK NY 10504

TITLE PTD ☐ DELETE

NAME DAYTON, LEE A
STREET ADDRESS OLD CHARD ROAD
CITY - ST - ZIP ARMONK NY 10504

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. ☐ Change ☐ Addition

12. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

14. ☐ Change ☐ Addition

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28. ☐ Change ☐ Addition

29. ☐ Change ☐ Addition

30. ☐ Change ☐ Addition

14. I do 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/97

914-765-4478

CR2E034 (9/96)