FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P28371** (3)

1. Corporation Name

ENVIRONMENTAL SYSTEMS PRODUCTS, INC.

Principal Place of Business	Mailing Address
7 KRIPES RD. EAST GRANBY CT 06026	7 KRIPES RD. EAST GRANBY CT 06026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1990
3a. Date of Last Report: 07/28/1994

2. Principal Place of Business: 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address: 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: 06-1285832 ☐ 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

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	D	1 1 TITLE	Resigned	☒ Change ☐ Addition
NAME	BERMAN, STEPHAN P	1 2 NAME	Berman, Stephan P.	
STREET ADDRESS	59 MAIDEN LANE	1 3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	1 4 CITY-ST-ZIP		
TITLE	VD	2 1 TITLE	Director	☐ Change ☒ Addition
NAME	TEDESCHI, RINALDO	2 2 NAME	Reid, Ogden	
STREET ADDRESS	7 KRIPES RD.	2 3 STREET ADDRESS	9 West 57th Suite 4170	
CITY-ST-ZIP	E. GRANBY CT	2 4 CITY-ST-ZIP	New York, NY 10017	
TITLE	T	3 1 TITLE	President / Director	☐ Change ☒ Addition
NAME	HAFTMAN, SCOTT	3 2 NAME	Terrence P. Halloran	
STREET ADDRESS	7 KRIPES RD.	3 3 STREET ADDRESS	7 Kripes Rd	
CITY-ST-ZIP	E. GRANBY CT	3 4 CITY-ST-ZIP	E. Granby, CT 06026	
TITLE	D	4 1 TITLE		☐ Change ☐ Addition
NAME	GALE, JAMES C.	4 2 NAME		
STREET ADDRESS	717 5TH AVE.	4 3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	4 4 CITY-ST-ZIP		
TITLE	D	5 1 TITLE		☐ Change ☐ Addition
NAME	BRAUNSTEIN, IRWIN	5 2 NAME		
STREET ADDRESS	7 KRIPES ROAD	5 3 STREET ADDRESS		
CITY-ST-ZIP	E. GRANBY CT	5 4 CITY-ST-ZIP		
TITLE	DS	6 1 TITLE		☐ Change ☐ Addition
NAME	ZOLOT, NORMAN	6 2 NAME		
STREET ADDRESS	264 AMITY ROAD	6 3 STREET ADDRESS		
CITY-ST-ZIP	WOODBRIDGE CT	6 4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Scott P. Haftmann Treasurer 5/1/95 (203) 653-0061
Signature and typed or printed name of signing officer or director / Date / Daytime Phone #