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 APR 28 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P31083** **(9)**

1. Corporation Name
CCTC INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1208 N. POST OAK BLVD STE 180 HOUSTON TX 77055 US	C/O ADT. INC 2255 GLADES RD., P.O. BOX 5035 BOCA RATON FL 33431-7383 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/26/1990
3a. Date of Last Report: 04/27/1994

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

4. FEI Number: 22-3009849 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	BRUALDI, ULYSSES J., JR.	1.2 NAME		
STREET ADDRESS	300 INTERPACE PARKWAY	1.3 STREET ADDRESS		
CITY-ST-ZIP	PARSIPPANY NJ	1.4 CITY-ST-ZIP		
TITLE	~~VTD~~	2.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	~~RUZIKA, STEPHEN J.~~	2.2 NAME	Ann M. Olbert	
STREET ADDRESS	~~2255 GLADES RD., #421A~~	2.3 STREET ADDRESS	2255 Glades Road, Suite 421W	
CITY-ST-ZIP	~~BOCA RATON FL~~	2.4 CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	BECK, JAN S.	3.2 NAME		
STREET ADDRESS	2255 GLADES RD., #421A	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP		
TITLE	CD	4.1 TITLE		☐ Change ☐ Addition
NAME	RAYMOND, ANDRE	4.2 NAME		
STREET ADDRESS	2175 AUTOROUTE DES LAURE	4.3 STREET ADDRESS		
CITY-ST-ZIP	NTIDES, LAVAL, QUEBEC	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	President	☐ Change ☒ Addition
NAME		5.2 NAME	Charles Triola	
STREET ADDRESS		5.3 STREET ADDRESS	1208 N. Post Oak Blvd.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Houston, TX 77055	
TITLE		6.1 TITLE	Director	☐ Change ☒ Addition
NAME		6.2 NAME	Michael B. Sacks	
STREET ADDRESS		6.3 STREET ADDRESS	300 Interpace Parkway	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Parsippany, NJ 07054	

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)(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: Jan S. Beck, Sec'y 4/21/95 (407) 997-8406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0214475 • CP