

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

UNIFORM

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90017 022 ***150.00

DOCUMENT # P31682

1. Corporation Name PRELOAD, INC.



Principal Place of Business: PRELOAD INC, 839 STEWART AVENUE, GARDEN CITY NY 11530, US
Mailing Address: PRELOAD INC, 839 STEWART AVENUE, GARDEN CITY NY 11530, US

DO NOT WRITE IN THIS SPACE

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)

3. Date Incorporated or Qualified: 10/18/1990
4. FEI Number: 11-2325621 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: NO ACTIVITY

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
TITLE: PD, NAME: TRIPP, ANDREW E., JR., STREET ADDRESS: 839 STEWART AVENUE, CITY-ST-ZIP: GARDEN CITY NY
TITLE: V, NAME: BUSH, MICHAEL, STREET ADDRESS: 839 STEWART AVE., CITY-ST-ZIP: GARDEN CITY NY
TITLE: SDT, NAME: KLEIN, BRUCE P., STREET ADDRESS: 839 STEWART AVENUE, CITY-ST-ZIP: GARDEN CITY NY
TITLE: V, NAME: LEGATOS, NICHOLAS, STREET ADDRESS: 839 STEWART AVENUE, CITY-ST-ZIP: GARDEN CITY NY
TITLE: VD, NAME: HORNSTEIN, JACK, STREET ADDRESS: 839 STEWART AVENUE, CITY-ST-ZIP: GARDEN CITY NY
TITLE: D, NAME: TRIPP, WILLIAM, STREET ADDRESS: 3725 SE OCEAN BLVD., CITY-ST-ZIP: STUART FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Vice President, 1.2 NAME: Sherrod Waites, 1.3 STREET ADDRESS: 839 Stewart Avenue, 1.4 CITY-ST-ZIP: Garden City, NY 11530
2.1 TITLE: Secretary/Treasurer, 2.2 NAME: Joanne C. Marrone, 2.3 STREET ADDRESS: 839 Stewart Avenue, 2.4 CITY-ST-ZIP: Garden City, NY 11530

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, with all other like empowered.

SIGNATURE: Joanne C. Marrone, March 10, 1999, (516) 222-0550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Joanne C. Marrone, Secretary/Treasurer

CR2E034 (1/98)