FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1006

	1990	600 W. 18		DIAI2IOIA OL	COM	"UNATIC	3175					
DOCUN 1. Corporation		P3273	5	(3)								
SERVIS	SCOPE CORF	ORATION										
02////	JOO! E 00!!!	01111011) (188 1) at l 188 1 (1811 1816) (1883) (1			
Principal Place of Business				Maling Address								
10 FAIRFELD BLVD.			10 FAIRFELD BLVD.									
WALLINGFOR				ALLINGFORD CT 06	492							
									3. Date Incorporated or Qualified 02/07/1991)	te of Last Re 04/25/19	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number	L	Applied For	
21		26						06-1301067 Not Applicable				
Suite, Apt. #	, etc.	Suite, Apt. #, etc.						5. Certificate of Status Desired	П		Additional	
22 Ch. 9 State		Chall State							Required			
Orty & State		h	City & State					6. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees	
Zip		ountry	-+	/ip	Τ	Country			8. This corporation has liability for	intangible		
24	25		29		30				I	s []No		
	g. Name and	Address of Current	Registe	red Agent					10. Name and Address of New	Registere	d Agent	
						81	Name					
THE PRENTICE-HALL CORPORATION SYSTEM, INC.						82	Street	t Addres	ss (P.O. Box Number is Not Accepta	ble)		
1201 HAYS STREET, SUITE 105												
TALLAH	ASSEE FL 3230	13				83			OTA CO. TO COMPRESENTE THE CONTROL OF COMPANY OF THE CO.			
						84	Orty			F	85 Zij	p Code
11. Pursuant to	o the provisions of	Sections 607.0502 a	and 607.	1508, Florida Statuti	es, the	above r	ian ed c	:orpora!	ion submits this statement for the po	rpose of c	hanging its r	egistered office
or registere familiar wit	ed agent, or both, h, and accept the	in the State of Florida obligations of, Section	r Soch d n 607.03	change was authorz 505, Florida Statutes	ed by i.	the corp	oration):	s board	of directors. Thereby accept the app	xo-ntment a	is registered	agent Fami
SIGNATURE												
	Signative, typed or pricte	diname of registered agreed a OFFICERS AND			ile forgo		Isg store	request v	Apply ON ON AND TO OF	OATE	ID DIDECTO	700 IN 10
12. TITLE	CFO	OFFICENS AND	DIRECT	DELETE		13. 1.1 blut		7	ADDITIONS/CHANGES TO OF	FICENS A	Change	Addition
NAME	TIERNEY, TH	IOMAS			1	1.2 NAME						
STREET ADDRESS	10 FAIRFIEL				1	13 STREET	ADE BESS	:				
CITY-ST-ZIP		RD CT 06492				14 CITY - 9	if - Z iP					
TITLE	C00			DELETE		2 1 1111 E		PK	ESCOENT		Change	Addition
NAME	MCGEE, RO					2 2 NAME		$\mid m$	Gee, ROBERT 4 Davis Hill ROAD			
STREET ADDRESS	164 DAVIS I					2 3 STREET		16	4 DOWIS HILL NO AD			
CITY-ST-ZIP	WESTON CT	<u> </u>		The Lite		2.4 City - 5	1 - ZIP	10	eston, CT		F1 Change	- Addition
TITLE NAME	ST MALICE 10	ECDEV		DEFELE		3 1 THEE 3 2 NAME					Change	Addition
STREET ADDRESS	KRAUSS, JE	H ST. APT.313			1	33 STREE	PPART (IA.)					
CITY-ST-7IP	NEW YORK					3 4 CiTY - 9						
TITLE		######################################		DELETE		4 1 TITLE		Co	ntroller/VP		Change	Add tion
NAME						4.2 NAME		50	ntroller/VP ex. Michael J. airfield Blud			
STREET ADDRESS						4 3 STREET	ADERESS	IOF	airfield Blud			
C:TY -ST - ZIP						4.4.C-1Y-5	<u> </u>	W	Ulingford, CT			
TITLE				☐ DELETE		5 1 T-TLE			. ,		Change	Addition
NAME						5.2 NAME						
STREET ADDRESS						5 3 STREET						
CITY-ST-ZIP TITLE	<u> </u>			DELETE		54 CITY - S)1 - [/r²				☐ Change	Addition
NAME						62 NAME					unungo	
STREET ADDRESS						63 STREET	ADDRÉSS	,				1
CITY-ST-ZIP						6.4 CITY - 3						

14. I do hereby certify that the information supplied with this firing 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 13 if change in or an attainment with an officers.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(203)265-2624