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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 1:46

DOCUMENT # P34205 (5)

1. Corporation Name
FARRADYNE SYSTEMS, INC.

Principal Place of Business	Mailing Address
3204 TOWER OAKS BLVD. ROCKVILLE MD 20852	3204 TOWER OAKS BLVD. ROCKVILLE MD 20852

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/05/1991
3a. Date of Last Report: 05/01/1994

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

2a. Mailing Address
26 Att. K. Curran
Suite, Apt. #, etc.
27 One Penn Plaza
City & State
28 New York, NY
Zip 29 10119 Country 30 New York

4. FEI Number: 52-1366064 ☐ 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

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 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 (Required: Typed or printed name of registered agent and title if applicable) (DATE: Required if agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☑ Change ☐ Addition
NAME	PRIETO, ROBERT	1.2 NAME	
STREET ADDRESS	ONE PENN PLAZA 5TH FLR	1.3 STREET ADDRESS	One Penn Plaza
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	New York, NY 10119
TITLE	PD	2.1 TITLE	☑ Change ☐ Addition
NAME	TARNOFF, PHILIP J.	2.2 NAME	
STREET ADDRESS	5005 JASMINE DRIVE	2.3 STREET ADDRESS	3204 Tower Oaks Blvd
CITY-ST-ZIP	ROCKVILLE MD	2.4 CITY-ST-ZIP	Rockville MD 20852
TITLE	V	3.1 TITLE	☑ Change ☐ Addition
NAME	SUMNER, ROY	3.2 NAME	
STREET ADDRESS	429 MILL ST., SE	3.3 STREET ADDRESS	3204 Tower Oaks Blvd
CITY-ST-ZIP	VIENNA VA	3.4 CITY-ST-ZIP	Rockville, MD 20852
TITLE	S	4.1 TITLE	☑ Change ☐ Addition
NAME	CURRAN, KEVIN J.	4.2 NAME	
STREET ADDRESS	ONE PENN PLAZA 5TH FLOOR	4.3 STREET ADDRESS	One Penn Plaza
CITY-ST-ZIP	NEW YORK, NY 10119	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☑ Change ☐ Addition
NAME	PUGH, JOHN F.	5.2 NAME	
STREET ADDRESS	9107 BRAMBLE PLACE	5.3 STREET ADDRESS	3204 Tower Oaks Blvd
CITY-ST-ZIP	ANNANDALE VA	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☑ Change ☐ Addition
NAME	SHEIN, PAUL D	6.2 NAME	
STREET ADDRESS	ONE PENN PLAZA 5TH FLOOR	6.3 STREET ADDRESS	One Penn Plaza
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	New York, NY 10119

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: Kevin J. Curran Kevin J. Curran 1/31/95 (212) 465-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0474702 FP