FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90229 009 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P34274

1. Corporation Name

UNIFORCE STAFFING SERVICES, INC.

Principal Place of Business Mailing Address 415 CROSSWAYS PARK DR WOODBURY NY 11797 US	Mailing Address Mailing Address St CROSSWAYS PARK OR STORES ST CROSSWAYS PARK OR ST C								
Noncestable Note	Non-particular Notation Non-particular Non-particul	Principal Place	of Business	Mailing Address			[(ESIISS) (SA 1911) SISTE (SEST 1801) AIRT	., .,	.
3. Date Incorporated or Qualifed 06/12/1991 2. Principal Place of Business 2. A. Hill Number Applied For 11-2638211 Not Applicable 22 27 Suite, Apt. #, etc. Suite, Apt. #, etc. 23 27 City & State City & State 24 Zip Country Zip Country 25 Zip Country 26 Zip Country 27 Zip Country 28 Trust Fund Contribution Added to Fees 29 30 Trust Fund Contribution 29 Name and Address of Current Registered Agent 31 Name 31 Name 32 Street Address of New Registered Agent 35 TALLAHASSEE FL 32301 36 City FL Sig Zip 37 Street Address (P.O. Box Number is Not Acceptable) 38 City FL Sig Zip Code 39 Suite, Apt. #, etc. 31 Name 31 Name 31 Name 32 Street Address of New Registered Agent 39 Name and Address of New Registered Agent 30 The PRENTICE-HALL CORPORATION SYSTEM INC. 31 Street Address (P.O. Box Number is Not Acceptable) 31 Name 32 City FL Sig Zip Code 33 City FL Sig Zip Code 34 City FL Sig Zip Code 35 City FL Sig Zip Code 36 City FL Sig Zip Code 37 City FL Sig Zip Code 38 City FL Sig Zip Code 39 City FL Sig Zip Code 30 City FL Sig Zip Code 30 City FL Sig Zip Code 30 City FL Sig Zip Code 31 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 difference of difference Thereby decept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 31 City FL Sig Zip Code 31 City FL Sig Zip Code 32 City FL Sig Zip Code 33 City FL Sig Zip Code 34 City FL Sig Zip Code 35 City FL Sig Zip Code 36 City FL Sig Zip	2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable	WOODBURY NY 11797 WOODBURY NY 11797				DO NOT WRITE IN TH	IIS SPACE		
2. Principal Place of Business	Principal Place of Business 2a, Malling Address 4. FEI Number 11-2638211 Applied For Not Applicable	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				L			
Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable Not App	Applied for Suite, Apt. #, etc. Suite,						·		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	Suite, Apt. #, etc. 22	2. Principal Pt	ace of Business	2a. Mailing Address				· App	lied For
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 27 27 28 28 29 30 29 30 29 30 30 30 30 30 30 30 3	Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State 28	21		26			11-2638211		
City & State City & Country	City & State City & Country Country Country Country Country Country City & Country Ci		#, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired	¥	
Zip Country Zip Country St. This corporation owes the current year Intangible Difference Personal Property Tax. Difference Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name 10. Name and Address of New Registered Agent 10. Name	Zap								<u></u>
Zip Country Zip Country Zip Country St. This corporation owes the current year Intengible Personal Property Tax. Change Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name	Zip Country Zip Personal Property Tax. DX Yes Mo Mo Personal Property Tax. DX Yes Mo Mo Mo Mo Mo Mo Mo M	⊢ ′	е	├			, , , , , , , , , , , , , , , , , , , ,	•	•
25 29 30 Personal Property Tax. Yes No	24		Country		Country				1 663
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAY'S STREET SUITE 105 TALLAHASSEE FL 32301 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 open, 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 open, 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 open, 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 of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered appear. I all fall for the purpose of changing like registered of directors. I hereby accept the appointment as registered appear. I all fall fall fall fall fall fall fal	9. Name and Address of Current Registored Agent THE PRENTICE-HALL COPPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-maned 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 approach of 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 approintment as registered agent, arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-maned corporation submits this statement for the purpose of changing its registered office or registered agent, arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-maned corporation submits this statement for the purpose of changing its registered office or registered agent, arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-maned corporation submits this statement for the purpose of changing its registered agent, arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-maned corporation submits this statement for the purpose of changing its registered agent, arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-maned corporation submits this statement for the purpose of changing its registered office or registered agent, arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-maned corporation submits this statement for the purpose of changing its registered office or registered agent, arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-maned corporation is board of directors.		F	— · — —	_ ´				□No
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 84 City FL 85 Zip Code 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 ordine 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, by ped or printed name of registered agent and title of applicable. NOTE: Requistred Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DCEO STREET ADDRESS TREET ADDRESS TO COORDING NICHAEL TITLE P TO TITLE P	THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 84 City FL 85 Zip Code	24		1	<u> </u>			ed Agent	
1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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 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, are mainliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, byped or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DCEO TITLE VOMBERST AUGUSTS STREET ADDRESS 415 CROSSWAYS PARK DR UOODBURY NY 11797 UCITY-ST-ZIP WOODBURY NY 11797 WOODBURY	1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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 office or registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyped or printed name of inguitared agent and title of applicables. NOTE Registered Agent agenture required when reintaining)				81	Name		-	
1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and the displacation of the purpose of changing its registered office or registered agent, and the displacation of the purpose of changing its registered office or registered agent, and the displacation of the purpose of changing its registered office or registered agent, and the displacation of the purpose of changing its registered office or registered agent, and the displacation of the purpose of changing its registered office or registered agent, and the displacation of the purpose of changing its registered agent, and the displacation of the purpose of changing its registered of the corporation's board of directors. I hereby accept the appointment as registered agent, and the displacation of the purpose of changing its registered agent, and the displacation of the purpose of changing its registered agent, and the displacation of the purpose of changing its registered agent, and the displacation of the purpose of changing its registered agent, and and the displacation of the purpose of changing its registered agent and the displacation of the purpose of changing its registered agent and the displacation of the purpose of changing its registered agent and the displacation of the purpose of changing its registered agent are displacati	1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 84 City	THE	PRENTICE-HALL CORPORATION	SYSTEM INC.	82	Street	Address (P.O. Boy Number is Not Acceptable)		
TALLAHASSEE FL 32301 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 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. Jam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DCEO A DELETE 1.1 TITLE D/P/CEO A DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition A DOLITONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TALLAHASSEE FL 32301 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 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 perilad name of mignitered agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 1.1 TITLE DCEO FERRENTINO, MICHAEL 12 NAME FRENTINO, MICHAEL 12 STREET ADDRESS 415 CROSSWAYS PARK DR 1.3 STREET ADDRESS 415 CROSSWAYS PARK DR 1.3 STREET ADDRESS 415 CROSSWAYS PARK DR 2.3 STREET ADDRESS 415 CROSSWAYS PARK DR 3.3 STREET ADDRESS 415 CRO	1201	HAYS STREET		V-	Succe	Address (1.0. Dox Hallison to Hot Hotoptone)		
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 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 DCEO TITLE DCEO TITLE DYP/CEO Harry V. Maccarrone 415 Crossways Park Drive WOODBURY NY 11797 14 CITY-ST-ZIP WOODBURY NY 11797 VT/S/CFO NAME MANISCALCO, ROSEMARY 415 CROSSWAYS PARK DR 22 NAME WOODBURY NY 11797 VP WOODBURY NY 11797 TITLE VP Change Addition Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VT/TS/CFO X] Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VP CORSSWAYS PARK DR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VT/TS/CFO X] Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VT/Controller Robert Ende ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VP CORSSWAYS PARK DR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AN	11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes. It allows have 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Symmotion, byte of printed name of impatient agent and title of applicable. (NOTE: Repistered Agent signature required when reinstating) DATE 12.				83				}
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 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 migistered 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 DCEO DEO DECO DECO	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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby 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 of applicable. (NOTE Registered Agent signature required when reinstating)	TALL	AHASSEE FL 32301		84	City		85 Zip C	ode
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DCEO FERRENTINO, MICHAEL STREET ADDRESS CITY-ST-ZIP WOODBURY NY 11797 ITILE P MANISCALCO, ROSEMARY STREET ADDRESS CITY-ST-ZIP WOODBURY NY 11797 MANISCALCO, ROSEMARY STREET ADDRESS CITY-ST-ZIP WOODBURY NY 11797 TITLE VP MOODBURY NY 11797 MOODBURY NY 1179	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. NOTE. Registered Agent signature required when reinstalling) DATE					1			
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DCEO TABLETE TITLE DP/CEO TABLETE TITLE DP/CEO TABLETE TITLE DP/CEO TABLETE TITLE TO TO THE Required when rejuired which when rejuired which rejuired which rejuired which rejuired which rejuired which rejuire	12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligation	t and 607.1508, Florida Statutes, of Florida, Such change was auth one of Section 607.0505, Florid	the above horized by	e-named the corp	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	of changing its reg	istered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DCEO FERRENTINO, MICHAEL STREET ADDRESS CITY-ST-ZIP WOODBURY NY 11797 TITLE P MANISCALCO, ROSEMARY STREET ADDRESS CITY-ST-ZIP WOODBURY NY 11797 TITLE P MANISCALCO, ROSEMARY STREET ADDRESS CITY-ST-ZIP WOODBURY NY 11797 TITLE P MANISCALCO, ROSEMARY STREET ADDRESS CITY-ST-ZIP WOODBURY NY 11797 TITLE VP MOODBURY NY 11797 TITLE VP MOODBURY NY 11797 MOOD	12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME FERRENTINO, MICHAEL STREET ADDRESS CITY-ST-ZP WOODBURY NY 11797 ITILE P MANISCALCO, ROSEMARY A15 CROSSWAYS PARK DR MANISCALCO, ROSEMARY 415 CROSSWAYS PARK DR 22 NAME STREET ADDRESS CITY-ST-ZP WOODBURY NY 11797 ITILE VP MOODBURY NY 11797 ITILE VPST ITILE VPST ITILE ABOUTIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14 ITILE DP/P/CEO Harry V. Maccarrone Harry V. M	ayent. i ai	in farimal war, and dooop me engine	Ona or, Cochon oor .0000, 1 10114	a Statutes	•			
ITILE DCEO NAME FERRENTINO, MICHAEL STREET ADDRESS CITY-ST-ZIP NAME MANISCALCO, ROSEMARY STREET ADDRESS CITY-ST-ZIP WOODBURY NY 11797 ITILE P NAME MANISCALCO, ROSEMARY STREET ADDRESS CITY-ST-ZIP WOODBURY NY 11797 ITILE VP NAME WOODBURY NY 11797 ITILE VP NAME FANNING, MICHAEL STREET ADDRESS AT STREET ADDRESS STREET ADDRESS STREET ADDRESS AT STREET AD	TITLE NAME PERRENTINO, MICHAEL STREET ADDRESS CITY-ST-ZIP WOODBURY NY 11797 TITLE VP NAME NAME VP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME WOODBURY NY 11797 TITLE VP NAME NAME NAME NAME NAME NAME NAME NAME	SIGNATURE			a Glaidics				
STREET ADDRESS STRE	NAME FERRENTINO, MICHAEL 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP WOODBURY NY 11797 Woodbury	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Ri	egistered Ager		required when reinstating) DATE	AND DIRECTOR	
STREET ADDRESS 415 CROSSWAYS PARK DR CITY-ST-ZIP WOODBURY NY 11797 TITLE P	STREET ADDRESS 415 CROSSWAYS PARK DR WOODBURY NY 11797 TITLE P NAME MANISCALCO, ROSEMARY STREET ADDRESS CITY-ST-ZIP WOODBURY NY 11797 TITLE VP NAME FANNING, MICHAEL STREET ADDRESS 415 CROSSWAYS PARK DR WOODBURY NY 11797 TITLE VP NAME STREET ADDRESS 415 CROSSWAYS PARK DR 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP WOODBURY NY 11797 TITLE VP NAME STREET ADDRESS 415 CROSSWAYS PARK DR WOODBURY NY 11797 TITLE VP NAME MACCARRONE, HARRY STREET ADDRESS 415 CROSSWAYS PARK DR WOODBURY NY 11797 TITLE VP NAME MACCARRONE, HARRY STREET ADDRESS 415 CROSSWAYS PARK DR WOODBURY NY 11797 TITLE VP NAME MACCARRONE, HARRY STREET ADDRESS 415 CROSSWAYS PARK DR AND ADDRESS 415 CROSSWAYS PARK DR WOODBURY NY 11797 TITLE VP NAME MACCARRONE, HARRY ATTITUTE VPST DELETE STITLE ASST. S Change Addition Addit	SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: Re	egistered Ager		required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		RS IN 12
WOODBURY NY 11797 1.4 CITY-ST-ZIP Woodbury NY 11797 Woodbu	CITY-ST-ZIP WOODBURY NY 11797 TITLE P	SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: Re	egistered Ager		required when reinstating) ADDITIONS/CHANGES TO OFFICERS D/P/CEO Harry V. Maccarrone		RS IN 12
TITLE P	TITLE P	SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND DCEO FERRENTINO, MICHAEL	and title if applicable. (NOTE: Re	egistered Ager 13. 1.1 TITLE 1.2 NAME	nt signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS D/P/CEO Harry V. Maccarrone 415 Crossways Park Drive		RS IN 12
STREET ADDRESS A15 CROSSWAYS PARK DR WOODBURY NY 11797 WP NAME FANNING, MICHAEL STREET ADDRESS A15 CROSSWAYS PARK DR 23 STREET ADDRESS 2.4 CITY-ST-ZIP Woodbury, NY 11797 Woodbury, NY 11797 Woodbury, NY 11797 Woodbury, NY 11797 Addition Robert Ende 415 Crossways Park Drive 415 Crossways Park Drive 415 Crossways Park Drive Addition Addition Addition Addition A15 Crossways Park Drive ADDRESS A15 Crossways Park Drive Addition Addition ADDRESS A15 Crossways Park Drive Addition Addition ADDRESS A15 Crossways Park Drive	STREET ADDRESS CITY-ST-ZIP WOODBURY NY 11797 TITLE VP FANNING, MICHAEL STREET ADDRESS CITY-ST-ZIP WOODBURY NY 11797 TITLE VP FANNING, MICHAEL STREET ADDRESS CITY-ST-ZIP WOODBURY NY 11797 TITLE VP WOODBURY NY 11797 TITLE VPST DELETE S1 TITLE Asst. S CT Crossways Park Drive Woodbury, NY 11797 Woodbury, NY 11797 Woodbury, NY 11797 TITLE WOODBURY NY 11797 TITLE VPST TITLE WOODBURY NY 11797 TITLE Asst. S Change Addition Addition Addition Addition Addition TITLE Woodbury, NY 11797 TITLE Asst. S	SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND DCEO FERRENTINO, MICHAEL 415 CROSSWAYS PARK DR	and title if applicable. (NOTE: Re	egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS D/P/CEO Harry V. Maccarrone 415 Crossways Park Drive		RS IN 12
STREET ADDRESS 415 CROSSWAYS PARK DR 23 STREET ADDRESS 415 CROSSWAYS PARK DR 24 CTTY-ST-ZIP WOODBURY NY 11797	STREET ADDRESS CITY-ST-ZIP WOODBURY NY 11797 TITLE VP WOODBURY NY 11797 TITLE VPST TITLE VPST TITLE VPST DELETE TO Crossways Park Drive Woodbury, NY 11797 Woodbury, NY 11797 TO DELETE Asst. S CITY-ST-ZIP Woodbury, NY 11797 Woodbury, NY 11797 TITLE VPST TITLE WOODBURY NY 11797 TITLE VPST DELETE TITLE Asst. S Crossways Park Drive Woodbury, NY 11797 Woodbury, NY 11797 TITLE Asst. S Change Addition	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND DCEO FERRENTINO, MICHAEL 415 CROSSWAYS PARK DR WOODBURY NY 11797	and title if applicable. (NOTE: Ri D DIRECTORS	egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS D/P/CEO Harry V. Maccarrone 415 Crossways Park Drive Woodbury NY 11797	K Change	RS IN 12
TITLE VP NAME FANNING, MICHAEL STREET ADDRESS 415 CROSSWAYS PARK DR STREET ADDRESS 415 CROSSWAYS PARK DR STREET ADDRESS 415 CROSSWAYS PARK DR	TITLE VP	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND DCEO FERRENTINO, MICHAEL 415 CROSSWAYS PARK DR WOODBURY NY 11797 P	and title if applicable. (NOTE: Ri D DIRECTORS	egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE	nt signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS D/P/CEO Harry V. Maccarrone 415 Crossways Park Drive Woodbury NY 11797 V/T/S/CFO Robert Baldwin	K Change	RS IN 12
NAME FANNING, MICHAEL STREET ADDRESS 415 CROSSWAYS PARK DR 32 NAME ROBERT Ende 415 Crossways Park Drive 415 Crossways Park Drive	NAME STREET ADDRESS (CITY-ST-ZIP WOODBURY NY 11797 TITLE VP MACCARRONE, HARRY STREET ADDRESS (CITY-ST-ZIP WOODBURY NY 11797 TITLE VP MACCARRONE, HARRY STREET ADDRESS (A) STREET ADDRESS (A) STREET ADDRESS (A) STREET ADDRESS (A) STREET ADDRESS (CITY-ST-ZIP WOODBURY NY 11797 TITLE VPST DELETE S1 TITLE ASST. S MACCARRONE, HARRY (A) STREET ADDRESS (A)	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND DCEO FERRENTINO, MICHAEL 415 CROSSWAYS PARK DR WOODBURY NY 11797 P MANISCALCO, ROSEMARY	and title if applicable. (NOTE: Ri D DIRECTORS	egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S* 2.1 TITLE 2.2 NAME	nt signature T ADORESS	ADDITIONS/CHANGES TO OFFICERS D/P/CEO Harry V. Maccarrone 415 Crossways Park Drive Woodbury NY 11797 V/T/S/CFO Robert Baldwin 415 Crossways Park Drive	K Change	RS IN 12
STREET ADDRESS 415 CROSSWAYS PARK DR 33 STREET ADDRESS 415 Crossways Park Drive	STREET ADDRESS CITY-ST-ZIP WOODBURY NY 11797 TITLE VP MACCARRONE, HARRY STREET ADDRESS CITY-ST-ZIP WOODBURY NY 11797 MACCARRONE, HARRY STREET ADDRESS CITY-ST-ZIP WOODBURY NY 11797 TITLE VPST DELETE 3.3 STREET ADDRESS 4.15 Crossways Park Drive Woodbury, NY 11797 WOABST. T/Asst. S Andrew C. Reiben 4.3 STREET ADDRESS 4.5 Crossways Park Drive 4.4 CITY-ST-ZIP Woodbury, NY 11797 Modbury, NY 11797	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND DCEO FERRENTINO, MICHAEL 415 CROSSWAYS PARK DR WOODBURY NY 11797 P MANISCALCO, ROSEMARY 415 CROSSWAYS PARK DR	and title if applicable. (NOTE: Ro	egistered Ager 13. 1.3 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	ont signature J ADDRESS T-ZIP T ADDRESS	required when reinstating) ADDITIONS/CHANGES TO OFFICERS D/P/CEO Harry V. Maccarrone 415 Crossways Park Drive Woodbury NY 11797 V/T/S/CFO Robert Baldwin 415 Crossways Park Drive Woodbury, NY 11797	K Change X Change	RS IN 12 Addition
Tigodhum NV 11707	CITY-ST-ZIP WOODBURY NY 11797 TITLE VP MACCARRONE, HARRY STREET ADDRESS CITY-ST-ZIP WOODBURY NY 11797 WOODBURY NY 11797 41 TITLE V/Asst. T/Asst. S Andrew C. Reiben 42 NAME Andrew C. Reiben 43 STREET ADDRESS 415 Crossways Park Drive 44 CITY-ST-ZIP WOODBURY NY 11797 TITLE VPST DELETE 51 TITLE Asst. S CACHANGE Addition	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND DCEO FERRENTINO, MICHAEL 415 CROSSWAYS PARK DR WOODBURY NY 11797 P MANISCALCO, ROSEMARY 415 CROSSWAYS PARK DR WOODBURY NY 11797	and title if applicable. (NOTE: Ro	egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE	ont signature J ADDRESS T-ZIP T ADDRESS	required when reinstating) ADDITIONS/CHANGES TO OFFICERS D/P/CEO Harry V. Maccarrone 415 Crossways Park Drive Woodbury NY 11797 V/T/S/CFO Robert Baldwin 415 Crossways Park Drive Woodbury, NY 11797 V/Controller	K Change X Change	RS IN 12 Addition
LOW CITY OF THE WOODDUTY NI 11/7/	TITLE VP	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND DCEO FERRENTINO, MICHAEL 415 CROSSWAYS PARK DR WOODBURY NY 11797 P MANISCALCO, ROSEMARY 415 CROSSWAYS PARK DR WOODBURY NY 11797 VP	and title if applicable. (NOTE: Ro	egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS T. ZIP T ADDRESS T. ZIP	required when reinstating) ADDITIONS/CHANGES TO OFFICERS D/P/CEO Harry V. Maccarrone 415 Crossways Park Drive Woodbury NY 11797 V/T/S/CFO Robert Baldwin 415 Crossways Park Drive Woodbury, NY 11797 V/Controller Robert Ende	K Change X Change	RS IN 12 Addition
WOODBORT IN 1707	NAME MACCARRONE, HARRY STREET ADDRESS CITY-ST-ZIP WOODBURY NY 11797 TITLE WST MACCARRONE, HARRY 4 2 NAME Andrew C. Reiben 4 3 STREET ADDRESS 4 15 Crossways Park Drive 4 4 CITY-ST-ZIP Woodbury, NY 11797 Modbury, NY 11797 Asst. S Change Addition	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND DCEO FERRENTINO, MICHAEL 415 CROSSWAYS PARK DR WOODBURY NY 11797 P MANISCALCO, ROSEMARY 415 CROSSWAYS PARK DR WOODBURY NY 11797 VP FANNING, MICHAEL	and title if applicable. (NOTE: Ro	egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 3.1 TITLE 3.2 NAME 3.3 STREE*	T ADDRESS T ADDRESS T-ZIP T ADDRESS T-ZIP	required when reinstating) ADDITIONS/CHANGES TO OFFICERS D/P/CEO Harry V. Maccarrone 415 Crossways Park Drive Woodbury NY 11797 V/T/S/CFO Robert Baldwin 415 Crossways Park Drive Woodbury, NY 11797 V/Controller Robert Ende 415 Crossways Park Drive	K Change X Change	RS IN 12 Addition
Andrew C. D. Alban	STREET ADDRESS 415 CROSSWAYS PARK DR 43STREET ADDRESS 415 Crossways Park Drive WOODBURY NY 11797 44CITY-ST-ZIP Woodbury, NY 11797 TITLE VPST DELETE 51TITLE Asst. S Change Addition	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND DCEO FERRENTINO, MICHAEL 415 CROSSWAYS PARK DR WOODBURY NY 11797 P MANISCALCO, ROSEMARY 415 CROSSWAYS PARK DR WOODBURY NY 11797 VP FANNING, MICHAEL 415 CROSSWAYS PARK DR WOODBURY NY 11797	and title if applicable. (NOTE: Red D DIRECTORS THE DELETE TO DELETE TO DELETE TO DELETE TO DELETE TO DELETE	9;stored Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 3.1 TITLE 3.2 NAME 3.3 STREE* 3.4 CITY-S 3.4 CITY-S	T ADDRESS T ADDRESS T-ZIP T ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS D/P/CEO Harry V. Maccarrone 415 Crossways Park Drive Woodbury NY 11797 V/T/S/CFO Robert Baldwin 415 Crossways Park Drive Woodbury, NY 11797 V/Controller Robert Ende 415 Crossways Park Drive Woodbury, NY 11797	X Change X Change	RS IN 12 Addition Addition
MACCAPRONE, HADEL	CITY-ST-ZIP WOODBURY NY 11797 TITLE VPST DELETE 51 TITLE Asst. S Change Addition	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND DCEO FERRENTINO, MICHAEL 415 CROSSWAYS PARK DR WOODBURY NY 11797 P MANISCALCO, ROSEMARY 415 CROSSWAYS PARK DR WOODBURY NY 11797 VP FANNING, MICHAEL 415 CROSSWAYS PARK DR WOODBURY NY 11797 VP	and title if applicable. (NOTE: Red D DIRECTORS THE DELETE TO DELETE TO DELETE TO DELETE TO DELETE TO DELETE	egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 3.1 TITLE 3.2 NAME 3.3 STREE* 3.4 CITY-S 4.1 TITLE	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS D/P/CEO Harry V. Maccarrone 415 Crossways Park Drive Woodbury NY 11797 V/T/S/CFO Robert Baldwin 415 Crossways Park Drive Woodbury, NY 11797 V/Controller Robert Ende 415 Crossways Park Drive Woodbury, NY 11797 V/Controller Robert Ende 415 Crossways Park Drive Woodbury, NY 11797 V/Asst. T/Asst. S	X Change X Change	RS IN 12 Addition Addition
410 01000MATO 1 AIM DIT	TITLE VPST DELETE 5.1 TITLE Asst. S Addition	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND DCEO FERRENTINO, MICHAEL 415 CROSSWAYS PARK DR WOODBURY NY 11797 P MANISCALCO, ROSEMARY 415 CROSSWAYS PARK DR WOODBURY NY 11797 VP FANNING, MICHAEL 415 CROSSWAYS PARK DR WOODBURY NY 11797 VP MACCARRONE, HARRY	and title if applicable. (NOTE: Red D DIRECTORS THE DELETE TO DELETE TO DELETE TO DELETE TO DELETE TO DELETE	9;stored Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS D/P/CEO Harry V. Maccarrone 415 Crossways Park Drive Woodbury NY 11797 V/T/S/CFO Robert Baldwin 415 Crossways Park Drive Woodbury, NY 11797 V/Controller Robert Ende 415 Crossways Park Drive Woodbury, NY 11797 V/Controller Robert Ende 415 Crossways Park Drive Woodbury, NY 11797 V/Asst. T/Asst. S Andrew C. Reiben	X Change X Change	RS IN 12 Addition Addition
The Control of the Co	West. 5	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND DCEO FERRENTINO, MICHAEL 415 CROSSWAYS PARK DR WOODBURY NY 11797 P MANISCALCO, ROSEMARY 415 CROSSWAYS PARK DR WOODBURY NY 11797 VP FANNING, MICHAEL 415 CROSSWAYS PARK DR WOODBURY NY 11797 VP MACCARRONE, HARRY 415 CROSSWAYS PARK DR	and title if applicable. (NOTE: Red D DIRECTORS THE DELETE TO DELETE TO DELETE TO DELETE TO DELETE TO DELETE	ogistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE: 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE: 3.1 TITLE 3.2 NAME 3.3 STREE: 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE: 4.3 STREE: 4.3 STREE: 4.4 STREE: 4.5	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS D/P/CEO Harry V. Maccarrone 415 Crossways Park Drive Woodbury NY 11797 V/T/S/CFO Robert Baldwin 415 Crossways Park Drive Woodbury, NY 11797 V/Controller Robert Ende 415 Crossways Park Drive Woodbury, NY 11797 V/Controller Robert Ende 415 Crossways Park Drive Woodbury, NY 11797 V/Asst. T/Asst. S Andrew C. Reiben 415 Crossways Park Drive	X Change X Change	RS IN 12 Addition Addition
TOTAL STATE OF THE PROPERTY OF	Laure (ODULO DALILI) BOZNAME (A1 A Dilleman	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND DCEO FERRENTINO, MICHAEL 415 CROSSWAYS PARK DR WOODBURY NY 11797 P MANISCALCO, ROSEMARY 415 CROSSWAYS PARK DR WOODBURY NY 11797 VP FANNING, MICHAEL 415 CROSSWAYS PARK DR WOODBURY NY 11797 VP MACCARRONE, HARRY 415 CROSSWAYS PARK DR WOODBURY NY 11797	And title if applicable. (NOTE: Rid Directors) The Directors The	egistered Ager 13. 1.1 TITLE 12 NAME 1.3 STREE* 2.1 TITLE 22 NAME 23 STREE* 2.4 CITY-S 3.1 TITLE 32 NAME 3.3 STREE* 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE* 4.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE*	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS D/P/CEO Harry V. Maccarrone 415 Crossways Park Drive Woodbury NY 11797 V/T/S/CFO Robert Baldwin 415 Crossways Park Drive Woodbury, NY 11797 V/Controller Robert Ende 415 Crossways Park Drive Woodbury, NY 11797 V/Asst. T/Asst. S Andrew C. Reiben 415 Crossways Park Drive Woodbury, NY 11797	K Change K Change K Change	RS IN 12 Addition Addition
ASST. 5	NAME GRILLO, PAUL J ATTENDE A. FETCHIAN	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered agent OFFICERS AND DCEO FERRENTINO, MICHAEL 415 CROSSWAYS PARK DR WOODBURY NY 11797 P MANISCALCO, ROSEMARY 415 CROSSWAYS PARK DR WOODBURY NY 11797 VP FANNING, MICHAEL 415 CROSSWAYS PARK DR WOODBURY NY 11797 VP MACCARRONE, HARRY 415 CROSSWAYS PARK DR WOODBURY NY 11797 VP MACCARRONE, HARRY 415 CROSSWAYS PARK DR WOODBURY NY 11797 VPST	And title if applicable. (NOTE: Rid Directors) The Directors The	egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.1 TIT	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS D/P/CEO Harry V. Maccarrone 415 Crossways Park Drive Woodbury NY 11797 V/T/S/CFO Robert Baldwin 415 Crossways Park Drive Woodbury, NY 11797 V/Controller Robert Ende 415 Crossways Park Drive Woodbury, NY 11797 V/Asst. T/Asst. S Andrew C. Reiben 415 Crossways Park Drive Woodbury, NY 11797 V/Asst. T/Asst. S Andrew C. Reiben 415 Crossways Park Drive Woodbury, NY 11797 Asst. S	K Change K Change K Change	RS IN 12 Addition Addition
NAME GRILLO, PAUL J 52 NAME Arthur A. Feltman		SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND DCEO FERRENTINO, MICHAEL 415 CROSSWAYS PARK DR WOODBURY NY 11797 P MANISCALCO, ROSEMARY 415 CROSSWAYS PARK DR WOODBURY NY 11797 VP FANNING, MICHAEL 415 CROSSWAYS PARK DR WOODBURY NY 11797 VP MACCARRONE, HARRY 415 CROSSWAYS PARK DR WOODBURY NY 11797 VP MCCARRONE, HARRY 415 CROSSWAYS PARK DR WOODBURY NY 11797 VPST GRILLO, PAUL J	And title if applicable. (NOTE: Rid Directors) The Directors The	egistered Ager 13. 1.1 TITLE 12 NAME 1.3 STREE 14 CITY-S 2.1 TITLE 22 NAME 23 STREE 3.1 TITLE 32 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4 2 NAME 4.3 STREE 4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS D/P/CEO Harry V. Maccarrone 415 Crossways Park Drive Woodbury NY 11797 V/T/S/CFO Robert Baldwin 415 Crossways Park Drive Woodbury, NY 11797 V/Controller Robert Ende 415 Crossways Park Drive Woodbury, NY 11797 V/Asst. T/Asst. S Andrew C. Reiben 415 Crossways Park Drive Woodbury, NY 11797 V/Asst. T/Asst. S Andrew C. Reiben 415 Crossways Park Drive Woodbury, NY 11797 Asst. S Arthur A. Feltman	K Change K Change K Change	RS IN 12 Addition Addition
NAME GRILLO, PAUL J STREET ADDRESS 415 CROSSWAY PARK DR 52 NAME Arthur A. Féltman 415 CROSSWAY PARK DR 53 STREET ADDRESS 415 Crossways Park Drive	STREET ADDRESS 415 CROSSWAY PARK DR 53STREET ADDRESS 415 Crossways Park Drive	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND DCEO FERRENTINO, MICHAEL 415 CROSSWAYS PARK DR WOODBURY NY 11797 P MANISCALCO, ROSEMARY 415 CROSSWAYS PARK DR WOODBURY NY 11797 VP FANNING, MICHAEL 415 CROSSWAYS PARK DR WOODBURY NY 11797 VP MACCARRONE, HARRY 415 CROSSWAYS PARK DR WOODBURY NY 11797 VP CONTROL OF CONTROL OF CRIPTING OF CONTROL OF CRIPTING OF CRI	And title if applicable. (NOTE: Rid Directors) The Directors The	egistered Ager 13. 1.1 TITLE 12 NAME 1.3 STREE* 2.1 TITLE 22 NAME 23 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE* 4.1 TITLE 4.2 NAME 4.3 STREE* 4.1 TITLE 4.2 NAME 5.1 TITLE 5.2 NAME 5.3 STREE* 5.1 TITLE 5.2 NAME 5.3 STREE*	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS D/P/CEO Harry V. Maccarrone 415 Crossways Park Drive Woodbury NY 11797 V/T/S/CFO Robert Baldwin 415 Crossways Park Drive Woodbury, NY 11797 V/Controller Robert Ende 415 Crossways Park Drive Woodbury, NY 11797 V/Asst. T/Asst. S Andrew C. Reiben 415 Crossways Park Drive Woodbury, NY 11797 V/Asst. S Andrew C. Reiben 415 Crossways Park Drive Woodbury, NY 11797 Asst. S Arthur A. Feltman 415 Crossways Park Drive	K Change K Change K Change	RS IN 12 Addition Addition
NAME GRILLO, PAUL J 52 NAME Arthur A. Feltman		SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND DCEO FERRENTINO, MICHAEL 415 CROSSWAYS PARK DR WOODBURY NY 11797 P MANISCALCO, ROSEMARY 415 CROSSWAYS PARK DR WOODBURY NY 11797 VP FANNING, MICHAEL 415 CROSSWAYS PARK DR WOODBURY NY 11797 VP MACCARRONE, HARRY 415 CROSSWAYS PARK DR WOODBURY NY 11797 VP MCCARRONE, HARRY 415 CROSSWAYS PARK DR WOODBURY NY 11797 VPST GRILLO, PAUL J	And title if applicable. (NOTE: Rid Directors) The Directors The	egistered Ager 13. 1.1 TITLE 12 NAME 1.3 STREE 14 CITY-S 2.1 TITLE 22 NAME 23 STREE 3.1 TITLE 32 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4 2 NAME 4.3 STREE 4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS D/P/CEO Harry V. Maccarrone 415 Crossways Park Drive Woodbury NY 11797 V/T/S/CFO Robert Baldwin 415 Crossways Park Drive Woodbury, NY 11797 V/Controller Robert Ende 415 Crossways Park Drive Woodbury, NY 11797 V/Asst. T/Asst. S Andrew C. Reiben 415 Crossways Park Drive Woodbury, NY 11797 V/Asst. T/Asst. S Andrew C. Reiben 415 Crossways Park Drive Woodbury, NY 11797 Asst. S Arthur A. Feltman	K Change K Change K Change	RS IN 12 Addition Addition
NAME GRILLO, PAUL J STREET ADDRESS 415 CROSSWAY PARK DR 52 NAME Arthur A. Feltman 53 STREET ADDRESS 415 Crossways Park Drive	STREET ADDRESS 415 CROSSWAY PARK DR 53 STREET ADDRESS 415 Crossways Park Drive	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND DCEO FERRENTINO, MICHAEL 415 CROSSWAYS PARK DR WOODBURY NY 11797 P MANISCALCO, ROSEMARY 415 CROSSWAYS PARK DR WOODBURY NY 11797 VP FANNING, MICHAEL 415 CROSSWAYS PARK DR WOODBURY NY 11797 VP MACCARRONE, HARRY 415 CROSSWAYS PARK DR WOODBURY NY 11797 VP CONTROL OF CONTROL OF CRIPTING OF CONTROL OF CRIPTING OF CRI	And title if applicable. (NOTE: Rid Directors) The Directors The	egistered Ager 13. 1.1 TITLE 12 NAME 1.3 STREE* 2.1 TITLE 22 NAME 23 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE* 4.1 TITLE 4.2 NAME 4.3 STREE* 4.1 TITLE 4.2 NAME 5.1 TITLE 5.2 NAME 5.3 STREE* 5.1 TITLE 5.2 NAME 5.3 STREE*	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS D/P/CEO Harry V. Maccarrone 415 Crossways Park Drive Woodbury NY 11797 V/T/S/CFO Robert Baldwin 415 Crossways Park Drive Woodbury, NY 11797 V/Controller Robert Ende 415 Crossways Park Drive Woodbury, NY 11797 V/Asst. T/Asst. S Andrew C. Reiben 415 Crossways Park Drive Woodbury, NY 11797 V/Asst. S Andrew C. Reiben 415 Crossways Park Drive Woodbury, NY 11797 Asst. S Arthur A. Feltman 415 Crossways Park Drive	K Change K Change K Change	RS IN 12 Addition Addition

WOODBURY FL 11797 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 suppliemental 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.

6.3 STREET ADDRESS

SIGNATURE: (

NAME

STREET ADDRESS

CITY-ST-ZIP

REIBEN, ANDREW C

415 CROSSWAY PARK BLVD

Arthur A-Feltman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR