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 26 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P36854** **(8)**

1. Corporation Name
ORIGINS SERVICES INC.

Principal Place of Business	Mailing Address
125 PINELAWN ROAD MELVILLE NY 11747	125 PINELAWN ROAD MELVILLE NY 11747

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
12/30/1991	04/18/1994

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

4. FEI Number **11-3040936** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. **1201 HAYS STREET** **SUITE 105** **TALLAHASSEE FL 32301**	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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	LAUDER, WILLIAM P.	1.2 NAME	
STREET ADDRESS	125 PINELAWN ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	MAGRAM, SAUL H.	2.2 NAME	
STREET ADDRESS	125 PINELAWN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	☐ Change ☐ Addition
NAME	BIGLER, ROBERT J	3.2 NAME	
STREET ADDRESS	125 PINELAWN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	☐ Change ☐ Addition
NAME	RICHTER, GARY S.	4.2 NAME	
STREET ADDRESS	125 PINELAWN ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	☐ Change ☐ Addition
NAME	MANN, JUDITH M.	5.2 NAME	
STREET ADDRESS	125 PINELAWN ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	☐ Change ☐ Addition
NAME	PORRETTO, JAMES	6.2 NAME	
STREET ADDRESS	125 PINELAWN ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 added above.

SIGNATURE: X _____ **JAMES PORRETTO** **ASSISTANT SECRETARY** 4/18/95 (516) 531-324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000188M CP