

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P36854 (8)

1. Corporation Name

ORIGINS SERVICES INC.



Principal Place of Business

125 PINELAWN ROAD
MELVILLE NY 11747

Mailing Address

125 PINELAWN ROAD
MELVILLE NY 11747

3. Date Incorporated or Qualified
12/30/1991

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

11-3040936

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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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

Signature, typed or printed name of registered agent and like it applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME LAUDER, WILLIAM P.
STREET ADDRESS 125 PINELAWN ROAD
CITY-ST-ZIP MELVILLE NY

TITLE VSD ☐ DELETE
NAME MAGRAM, SAUL H.
STREET ADDRESS 125 PINELAWN ROAD
CITY-ST-ZIP MELVILLE NY

TITLE VT ☐ DELETE
NAME BIGLER, ROBERT J
STREET ADDRESS 125 PINELAWN ROAD
CITY-ST-ZIP MELVILLE NY

TITLE AS ☐ DELETE
NAME RICHTER, GARY S.
STREET ADDRESS 125 PINELAWN ROAD
CITY-ST-ZIP MELVILLE NY

TITLE AS ☐ DELETE
NAME MANN, JUDITH M.
STREET ADDRESS 125 PINELAWN ROAD
CITY-ST-ZIP MELVILLE NY

TITLE AS ☐ DELETE
NAME PORRETTO, JAMES
STREET ADDRESS 125 PINELAWN ROAD
CITY-ST-ZIP MELVILLE NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES PORRETTO
ASSISTANT SECRETARY

Date

Daytime Phone #

4/19/96 (616) 531-1324

CR2E034 (12/95)