


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

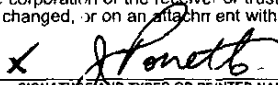
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**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90036 007 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P36854</b>					
1. Corporation Name <b>ORIGINS SERVICES INC.</b>					
Principal Place of Business 7 CORPORATE CENTER DR MELVILLE NY 11747 US			Mailing Address 7 CORPORATE CENTER DR MELVILLE NY 11747 US		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/30/1991</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>11-3040936</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code <b>FL</b>		
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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	LAUDER, WILLIAM P.				
STREET ADDRESS	7 CORPORATE CENTER DR				
CITY-ST-ZIP	MELVILLE NY 11747				
TITLE	VSD	<input type="checkbox"/> DELETE			
NAME	MAGRAM, SAUL H.				
STREET ADDRESS	7 CORPORATE CENTER DR				
CITY-ST-ZIP	MELVILLE NY 11747				
TITLE	VPCF	<input type="checkbox"/> DELETE			
NAME	BIGLER, ROBERT J				
STREET ADDRESS	7 CORPORATE CENTER DR				
CITY-ST-ZIP	MELVILLE NY 11747				
TITLE	AS	<input checked="" type="checkbox"/> DELETE			
NAME	RICHTER, GARY S.				
STREET ADDRESS	7 CORPORATE CENTER DR				
CITY-ST-ZIP	MELVILLE NY 11747				
TITLE	VPT	<input type="checkbox"/> DELETE			
NAME	ANUZIS, ANDRIS				
STREET ADDRESS	7 CORPORATE CENTER DR				
CITY-ST-ZIP	MELVILLE NY 11747				
TITLE	AS	<input type="checkbox"/> DELETE			
NAME	PORRETTO, JAMES				
STREET ADDRESS	7 CORPORATE CENTER DR				
CITY-ST-ZIP	MELVILLE NY 11747				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME	Lynne Green				
4.3 STREET ADDRESS	7 Corporate Center Drive				
4.4 CITY-ST-ZIP	Melville, NY 11747				
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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, with all other like empowered.

SIGNATURE:  **JAMES PORRETTO**  
ASSISTANT SECRETARY

4/22/99 516-847-6347  
Date Daytime Phone #

CR2E034 (11/98)