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
95 JAN 27 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P40145 (5)

1. Corporation Name
MCC MARITIME COMPUTER SERVICES CORPORATION

Principal Place of Business	Mailing Address
535 MOUNTAIN AVENUE MURRAY HILL NJ 07974-2011	535 MOUNTAIN AVENUE MURRAY HILL NJ 07974-2011

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/20/1992
3a. Date of Last Report: 03/23/1994

2. Principal Place of Business 21:
2a. Mailing Address 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: 22-2014171 ☐ 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

DEGEORGIO, ANTHONY
12074 CHEYENNE TRAIL
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	ABELLO, OSCAR J.	1.2 NAME	
STREET ADDRESS	535 MOUNTAIN AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MURRAY HILL NJ	1.4 CITY-ST-ZIP	
TITLE	VCD	2.1 TITLE	☐ Change ☐ Addition
NAME	KANEKO, K	2.2 NAME	
STREET ADDRESS	535 MOUNTAIN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MURRAY HILL NJ	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	P ☒ Change ☐ Addition
NAME	MONGNO, VINCENT	3.2 NAME	Position not occupied
STREET ADDRESS	535 MOUNTAIN AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MURRAY HILL NJ	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	V ☒ Change ☐ Addition
NAME	HOPLER, JOHN F.	4.2 NAME	Position not occupied
STREET ADDRESS	535 MOUNTAIN AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MURRAY HILL NJ	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, BARBARA	5.2 NAME	
STREET ADDRESS	535 MOUNTAIN AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MURRAY HILL NJ	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	FJELDANGER, NORMAN	6.2 NAME	
STREET ADDRESS	535 MOUNTAIN AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MURRAY HILL NJ	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)(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: _____ Barbara Lopez 1/17/94 908-582-9403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0394048 FP