SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P40559** **(7)**

1. Corporation Name
BERKELY ASSOCIATION SERVICES, LTD. CORP.

Principal Place of Business	Mailing Address
100 GARDEN CITY PLAZA 5TH FLOOR GARDEN CITY NY 11530 US	100 GARDEN CITY PLAZA 5TH FLOOR GARDEN CITY NY 11530 US

3. Date Incorporated or Qualified: **09/21/1992** | 3a. Date of Last Report: **01/23/1995**

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: **11-2916771** ☐ 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

GAZIE, RICHARD D.
2611 SW 15TH COURT
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

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: _____ (If changing Registered Agent, Registered Agent's signature required below when changing) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE			Change / Addition
TITLE	P	☐	11 TITLE	A/S	☒ ☐
NAME	CROWLEY, TIMOTHY T.		12 NAME	Crowley, Timothy T.	
STREET ADDRESS	61 SOUTHFIELD RD		13 STREET ADDRESS	61 Southfield Rd.	
CITY-ST-ZIP	CRANBURRY NJ		14 CITY-ST-ZIP	Cranbury NJ	
TITLE	VP	☐	21 TITLE	Chairman	☒ ☐
NAME	KOTTLER, MARK		22 NAME	Kottler, Mark	
STREET ADDRESS	118 DEERFIEDL LANE NO.		23 STREET ADDRESS	118 Deerfield Lane	
CITY-ST-ZIP	PLEASANTVILLE NY		24 CITY-ST-ZIP	Pleasantville NY	
TITLE	EVP	☒	31 TITLE		☐ ☐
NAME	KAVAN, WILLIAM C		32 NAME		
STREET ADDRESS	117 BRIXTON RD		33 STREET ADDRESS		
CITY-ST-ZIP	GARDEN CITY NY		34 CITY-ST-ZIP		
TITLE	ST	☒	41 TITLE		☐ ☐
NAME	LEVINE, ROBIN L.		42 NAME		
STREET ADDRESS	26 MANORS DRIVE		43 STREET ADDRESS		
CITY-ST-ZIP	LERICHO NY		44 CITY-ST-ZIP		
TITLE		☐	51 TITLE	SP	☐ ☒
NAME			52 NAME	Ann Marie D'Alessandro	
STREET ADDRESS			53 STREET ADDRESS	44 Richfield	
CITY-ST-ZIP			54 CITY-ST-ZIP	Plainview NY 11803	
TITLE		☐	61 TITLE		☐ ☐
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Ann Dalessandro (516) 294-0424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number