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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

100 GARDEN CITY PLAZA
5TH FLOOR
GARDEN CITY NY 11530
US

Mailing Address

100 GARDEN CITY PLAZA
5TH FLOOR
GARDEN CITY NY 11530-3203
US

3. Date Incorporated or Qualified
09/21/1992

3a. Date of Last Report
08/09/1996

2. Principal Place of Business

21 Jericho, NY 11753

2a. Mailing Address

26 500 N. BROADWAY

Suite, Apt. #, etc.

22 Suite 200

Suite, Apt. #, etc.

27 200

City & State

23 Jericho, NY

City & State

28 Jericho, NY

Zip

24 11753

Country

25 U.S.A.

Zip

29 11753

Country

30 U.S.A.

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS CROWLEY, TIMOTHY T. ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
61 SOUTHFIELD RD.
CRAWBURY NJ

TITLE C KOTTLER, MARK ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
118 DEERFIELD LAND
PLEASANTVILLE NY

TITLE VP ANN MARIE D'ALESSANDRO ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
44 RICHFIELD
PLANVIEW NY

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0006775

CR2E034 (9/96)