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CORPORATION
ANNUAL REPORT
1995

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

FILED
95 APR 10 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000003136 (8)**

1. Corporation Name
CHARTERED MANAGEMENT CONSULTANTS, INC.

800001454106
-04/13/95--01037--001
****400.00 ****200.00

Principal Place of Business	Mailing Address
P O BOX 713 STOCK EXCHANGE TOWER MONTREAL QUEBEC CANADA H4Z 1J9	P O BOX 713 STOCK EXCHANGE TOWER MONTREAL QUEBEC CANADA H4Z 1J9

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/09/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 **4116 PROSPECT ST.**
Suite, Apt. #, etc. 22
City & State 23 **WILLIAMSON NY**
Zip 24 **14589** Country 25 **U.S.A.**

2a. Mailing Address
26 **P.O. BOX 662**
Suite, Apt. #, etc. 27
City & State 28 **WILLIAMSON NY**
Zip 29 **14589** Country 30 **U.S.A.**

4. FEI Number: **98-0130653** ☐ 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

LABOSSIERE, MARC
2500 HOLLYWOOD BLVD
SUITE 415
HOLLYWOOD FL 33020

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 (Required if this is a change of registered agent. Typed or printed name of registered agent and title if agent is an officer or director of a corporation.) (Registered Agent's signature required when mailing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '9	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BLONDIN, RAYMOND	1.2 NAME	
STREET ADDRESS	P O BOX 713 STOCK EXCHANGE TOWER MONTREAL	1.3 STREET ADDRESS	
CITY, ST, ZIP	QUEBEC CANADA H4Z 1J9	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	RC

14. I/We 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 1 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: R. BLONDIN **2/20/95** **(315) 589-5293**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0492A03 — IN