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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 8:35

DOCUMENT # **P92000011824 (9)**

1. Corporation Name
T-SITE CORPORATION

Principal Place of Business	Mailing Address
888 SEVENTH AVENUE SUITE 3400 NEW YORK NY 10106	888 SEVENTH AVENUE SUITE 3400 NEW YORK NY 10106

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/15/1992
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25):

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30):

4. FEI Number: 13-3705094 ☐ 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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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 _____ 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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	MOLLOD, MICHAEL A.	1.2 NAME	
STREET ADDRESS	888 SEVENTH AVE., SUITE 3400	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	D/V ☒ Change ☐ Addition
NAME	DELBENE, GERARD N.	2.2 NAME	Judith Bory
STREET ADDRESS	888 SEVENTH AVE., SUITE 3400	2.3 STREET ADDRESS	888 Seventh Ave., Suite 3400
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	New York, NY 10106-0199
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	SPOTO, ANTONINA L.	3.2 NAME	
STREET ADDRESS	888 SEVENTH AVE., SUITE 3400	3.3. STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10106	3.4 CITY-ST-ZIP	
TITLE	TAS	4.1 TITLE	☐ Change ☐ Addition
NAME	RICCI, MICHAEL	4.2 NAME	
STREET ADDRESS	888 SEVENTH AVE., SUITE 3400	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	Paul F. Wallace
STREET ADDRESS		5.3 STREET ADDRESS	888 Seventh Ave., Suite 3400
CITY-ST-ZIP		5.4 CITY-ST-ZIP	New York, NY 10106-0199
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Judith Bory **Judith Bory** **1/30/95** **212-333-2107**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001441 CP