

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90123 038 \*\*\*150.00

DOCUMENT # P93000081330

1. Corporation Name

EIM ASSOCIATES, INC.

Principal Place of Business

177 CROSSWAYS PARK DRIVE  
WOODBURY NY 11797  
US

Mailing Address

177 CROSSWAYS PARK DRIVE  
WOODBURY NY 11797  
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

11/24/1993

4. FEI Number

59-3221152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
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

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 C ☒ DELETE

NAME DWEAN, DEREK E  
STREET ADDRESS 1 INDEPENDENT DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE P ☒ DELETE

NAME MORRIS, ELLN  
STREET ADDRESS 1 INDEPENDENT DR  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE SVP ☒ DELETE

NAME ABNEY, MICHAEL  
STREET ADDRESS 1 INDEPENDENT DR  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE S ☒ DELETE

NAME MAY, MARC M  
STREET ADDRESS 1 INDEPENDENT DR  
CITY-ST-ZIP JACKSONVILLE FL 32202

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 Pres ☒ Change ☐ Addition

1.2 NAME Erik Vonk  
1.3 STREET ADDRESS 2015 South Park Place  
1.4 CITY-ST-ZIP Atlanta, GA - 30339

2.1 TITLE Treas ☒ Change ☐ Addition

2.2 NAME Shawn Poole  
2.3 STREET ADDRESS 2015 South Park Place  
2.4 CITY-ST-ZIP Atlanta, GA 30339.

3.1 TITLE Secy ☒ Change ☐ Addition

3.2 NAME Jay Schaudies  
3.3 STREET ADDRESS 2015 South Park Place  
3.4 CITY-ST-ZIP Atlanta, GA 30339.

4.1 TITLE P.P. Taxation ☒ Change ☐ Addition

4.2 NAME Robert Calabro  
4.3 STREET ADDRESS 177 Crossways Park Dr.  
4.4 CITY-ST-ZIP Woodbury NY 11797

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Calabro VP - Taxation

Date

2/12/99 516-682-1400

Daytime Phone #

CR2E034 (11/98)