TRANSMITTAL LETTER

P95000011196

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: COMPORT CONSULTING CORPORATION
(Proposed corporate name - must include suffix)

FILED
1995 FEB -7 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ $70.00 ☐ $78.75 ☒ $122.50 ☐ $131.25

FROM: CAROL MARGOSSIAN, COMPORT CONSULTING CORP
Name (printed or typed)

249 GOFFLE ROAD
Address

HAWTHORNE, NJ 07506
City, State & Zip

(201) 427-3500
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

100001400181
-02/08/95--01048--015
****122.50 ****122.50

72

$ 2/8/95
095-11196

ARTICLES OF INCORPORATION

FILED
1995 FEB -7 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OF

COMPORT CONSULTING CORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: COMPORT CONSULTING CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

249 GOFFLE ROAD
HAWTHORNE, NJ 07506

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 200

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ARTHUR FILIP
COMPORT CONSULTING CORPORATION
101 SOUTHHALL LANE, SUITE 400
MAITLAND, FL 32751

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JACK MARGOSSIAN
570 HELENA AVE
WYCKOFF NJ 07481

CAROL MARGOSSIAN
570 HELENA AVE
WYCKOFF NJ 07481

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

15 day of SEPT 19 94.

Signature

Carol Margossian
Signature

Signature

Articles of Incorporation
Filing Fee - $35

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

FILED
95 FEB -7 PM 2:21

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: COMPORT CONSULTING CORPORATION

2. The name and address of the registered agent and office is:

ARTHUR FILIP
(Name)

101 SOUTHHALL LANE, SUITE 400
(P.O. Box not acceptable)

MAITLAND, FL 32751
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties; and I am familiar with and accept the obligations of my position as registered agent.

11-15-94

(Signature)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

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

FILED
96 OCT 29 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000011196 (9)**

1. Corporation Name
COMPORT CONSULTING CORPORATION

REINSTATEMENT 96

Principal Place of Business	Mailing Address
~~249 GOFFLE RD.~~ ~~HAWTHORNE NJ 07506~~	~~249 GOFFLE RD.~~ ~~HAWTHORNE NJ 07506~~

New Address!

2. Principal Place of Business	2a. Mailing Address
21 78 ORCHARD STREET	26 78 ORCHARD STREET
Suite, Apt. #, etc. 22 RAMSEY NJ	Suite, Apt. #, etc. 27
City & State 23	City & State 28 RAMSEY NJ
Zip 24 07446 Country 25	Zip 29 07446 Country 30

3. Date Incorporated or Qualified: 02/07/1995
3a. Date of Last Report:
4. FEI Number: 13-3165980 — Applied For / Not Applicable
5. Certificate of Status Desired: X — **$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

~~FILIP, ARTHUR~~
~~101 SOUTHHALL LANE~~
~~SUITE 400~~
~~MAITLAND FL 32751~~

New address!
6009 Jessica Drive
APOPKA, FL 32703

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 Section 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: 10-24-96
(Signature of typed 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JACK MARGOSSIAN 78 ORCHARD STREET RAMSEY NJ 07446 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	100001936881--6 11/05/96 01170 014 ☐ Change ☐ Addition ****383.75 ****383.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY CAROL PARTIN 78 ORCHARD STREET RAMSEY NJ 07446 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition JB 11-1-96

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)(k), 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: _____ 9-5-96 Date 201-236-0505 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0187513 FN