


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90028 016 ***150.00

DOCUMENT # P95000057949			
1. Entity Name YORK SPECIAL INVESTIGATIONS, INC.			
Principal Place of Business PO BOX 880608 ST. LUCIE WEST, FL 34986 US		Mailing Address 99 CHERRY HILL RD PARSIPPANY, NJ 07054 US	
2. Principal Place of Business - No P.O. Box # <i>99 Cherry Hill Rd.</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>Suite 102</i>		Suite, Apt. #, etc.	
City & State <i>Parsippany, NJ</i>		City & State	
Zip <i>07054</i>	Country <i>USA</i>	Zip	Country
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOORE, KELLI J PO BOX 880608 ST. LUCIE WEST, FL 34986 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT PANICO, DAVID E 99 CHERRY HILL RD., SUITE 102 PARSIPPANY, NJ 07054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS LIND, PETER E 99 CHERRY HILL RD., SUITE 102 PARSIPPANY, NJ 07054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENAMINO, LOUIS 1420 ST LUCIE W. BLVD ST. LUCIE WEST, FL 34986 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>President James M. Sweeney 99 Cherry Hill Road Suite 102 Parsippany, New Jersey 07054</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.			
SIGNATURE: <i>Peter E. Lind</i> <i>Peter E. Lind</i> <i>01/25/2008 973-404-1235</i> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <i>SR. Vice President & Secretary</i>			

ATTACHMENT

Attachment to Document #P95000057949

York Special Investigations, Inc.

Roster of Officers and Directors

40015111

Directors

David Panico
Chairman
c/o York Claims Service, Inc.
99 Cherry Hill Road
Parsippany, New Jersey 07054

Peter E. Lind
Director
c/o York Claims Service, Inc.
99 Cherry Hill Road
Parsippany, New Jersey 07054

Officers

James M. Sweeney
President
c/o York Claims Service, Inc.
99 Cherry Hill Road
Parsippany, New Jersey 07054

David Panico
Senior Vice President and Treasurer
c/o York Claims Service, Inc.
99 Cherry Hill Road
Parsippany, New Jersey 07054

Peter E. Lind
Senior Vice President and Secretary
c/o York Claims Service, Inc.
99 Cherry Hill Road
Parsippany, New Jersey 07054