

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -2 AM 9:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 857233

(1)

1. Corporation Name

EDWARD WECK, INCORPORATED

Principal Place of Business

Mailing Address

**TAX DEPARTMENT - 10TH FLOOR
P.O. BOX 225, FDR STATION
NEW YORK NY 10150**

**TAX DEPARTMENT - 10TH FLOOR
P.O. BOX 225, FDR STATION
NEW YORK NY 10150**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1983

3a. Date of Last Report

03/01/1994

4. FEI Number

11-2005538

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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 fee if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**PD
KEMPSELL, GEORGE P
WECK DRIVE, RESEARCH TRIANGLE PARK
NORTH CAROLINA**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition
**400001473984
-05/03/95--01149--003
****200.00 ****200.00**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**-0
KAGA, PAMELA D.
345 PARK AVENUE
NEW YORK NY**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☒ Change ☐ Addition
**S
BRENNAN, ALICE C.
345 PARK AVENUE
NEW YORK, NY 10154**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**VT
BAINES, HARRISON M., JR.
345 PARK AVENUE
NEW YORK NY**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**-0
FLATLEY, WILLIAM F.
345 PARK AVENUE
NEW YORK NY**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☒ Change ☐ Addition
**D
MEZZAPELLE, DOMINIC
345 PARK AVENUE
NEW YORK, NY 10154**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**V
BANTHAM, RUSSEL
345 PARK AVENUE
NEW YORK NY**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☒ Change ☐ Addition
**DV
MEE, MICHAEL F.
345 PARK AVENUE
NEW YORK, NY 10154**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**V
ZABOR, DAVID L.
345 PARK AVENUE
NEW YORK NY**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alice C. Brennan
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

**Alice C. Brennan
Secretary**

1/20/95
Date

[Signature]
Signature of Secretary