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

APPROVED AND FILED

95 MAY -1 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001286 (3)**

1. Corporate Name

E. FRIEDMAN MARKETING SERVICES, INC.

Principal Place of Business
566 E. BOSTON POST ROAD
MAMARONECK NY 10543

Mailing Address
566 E. BOSTON POST ROAD
MAMARONECK NY 10543

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1994

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 38-2066301 — Applied For / Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

24 25 29 30

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes: X Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Section 607.0505 Florida Statutes, requires that the registered agent shall be a person who has agreed to accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR DATA		13. ADDITIONAL OFFICERS AND DIRECTORS
TITLE	PD	☐ Change ☐ Addition
NAME	WILSON, WILLIAM J	
STREET ADDRESS	566 EAST BOSTON POST ROAD	
CITY, ST, ZIP	MAMARONECK NY	
TITLE	T	☐ Change ☐ Addition
NAME	LONDIN, GERALD	
STREET ADDRESS	566 EAST BOSTON POST ROAD	
CITY, ST, ZIP	MAMARONECK NY	
TITLE	VD	☐ Change ☐ Addition
NAME	ROPER, BURNS	
STREET ADDRESS	566 EAST BOSTON POST ROAD	
CITY, ST, ZIP	MAMARONECK NY	
TITLE	V	☐ Change ☐ Addition
NAME	TOSO, PETER	
STREET ADDRESS	566 EAST BOSTON POST ROAD	
CITY, ST, ZIP	MAMARONECK NY	
TITLE	VD	☐ Change ☐ Addition
NAME	KELLER, EDWARD	
STREET ADDRESS	566 EAST BOSTON POST ROAD	
CITY, ST, ZIP	MAMARONECK NY	
TITLE	V	☐ Change ☐ Addition
NAME	CAMINITI, JOSEPH	
STREET ADDRESS	566 EAST BOSTON POST ROAD	
CITY, ST, ZIP	MAMARONECK NY	

14. I hereby certify that the information supplied with this report, including any attachments, to the extent that it does not conflict with the records of the Department, is true and complete. I further certify that the information indicated on this report or supplemental report is true and complete 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 successor of the corporation named herein; and that I am familiar with the contents of this report or supplemental report, Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or is the name of the person authorized to execute the report or supplemental report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

0476000 FP