

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90867 023 ***550.00

DOCUMENT # 836928

1. Entity Name

FIRST COMMERCIAL CORPORATION SOUTHEAST

Principal Place of Business

Mailing Address

2331 ROUTE 34
 WALL TOWNSHIP NJ 08720

2331 ROUTE 34
 WALL TOWNSHIP NJ 08720

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-2105123

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHRAMA, ALFRED L
100 LAKESHORE DRIVE
L2
N. PALM BEACH FL 33408

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	SCHRAMA, DONALD E.(ASST)	
STREET ADDRESS	12 SEA POINTE DR	
CITY-ST-ZIP	PT PLEASANT NJ	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHRAMA, ALFRED L.	
STREET ADDRESS	100 LAKESHORE DR.	
CITY-ST-ZIP	N PALM BCH. FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHRAMA, ROBERT C.	
STREET ADDRESS	650 PRINCETON AVE	
CITY-ST-ZIP	BRICKTOWN NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORGOSH, PETER A.	
STREET ADDRESS	200 CAMPUS DR	
CITY-ST-ZIP	FLORHAM PARK NJ	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature)

DONALD E. SCHRAMA

Date

Daytime Phone #

5-10-00 732-223-6100

CR2E034 (9/99)