2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

Apr 09, 2001 8:00 am Secretary of State DOCUMENT # 836928 FIRST COMMERCIAL CORPORATION SOUTHEAST 04-09-2001 90046 034 ***150.00 Principal Place of Business Mailing Address 2331 ROUTE 34 2331 ROLITE 34 CUU43U17 WALL TOWNSHIP NJ 08720 WALL TOWNSHIP NJ 08720 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 22-2105123 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHRAMA, ALFRED L Street Address (P.O. Box Number is Not Acceptable) 100 LAKESHORE DRIVE L2 N. PALM BEACH FL 33408 Zip Code City F۱ 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Delete TITLE ☐ Change TITLE SCHRAMA, DONALD E.(ASST) NAME NAME 12 SEA POINTE DR STREET ADDRESS STREET ADDRESS PT PLEASANT NJ CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE SCHRAMA, ALFRED L. NAME NAME STREET ADDRESS 100 LAKESHORE DR. STREET ADDRESS CITY-ST-ZIP N PALM BCH. FL CITY-ST-7IP -- E Change --- E Addition TITLE TITLE: > SCHRAMA, ROBERT C. NAME NAME 650 PRINCETON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRICKTOWN NJ** Delete TITLE ☐ Addition TITI F FORGOSH, PETER A. NAME NAME STREET ADDRESS STREET ADDRESS 200 CAMPUS DR CITY-ST-ZIP CITY-ST-ZIP FLORHAM PARK NJ ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.