

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 836928

**FILED
Oct 05, 2004
Secretary of State**

Entity Name: FIRST COMMERCIAL CORPORATION SOUTHEAST

Current Principal Place of Business:

2331 ROUTE 34
WALL TOWNSHIP, NJ 08720

New Principal Place of Business:

Current Mailing Address:

2331 ROUTE 34
WALL TOWNSHIP, NJ 08720

New Mailing Address:

FEI Number: 22-2105123 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SCHRAMA, DONALD E.(A, SST)
Address: 12 SEA POINTE DR
City-St-Zip: PT PLEASANT, NJ

Title: PD () Delete
Name: SCHRAMA, ALFRED L.,
Address: 100 LAKESHORE DR.
City-St-Zip: N PALM BCH., FL

Title: S () Delete
Name: SCHRAMA, ROBERT C.,
Address: 650 PRINCETON AVE
City-St-Zip: BRICKTOWN, NJ

Title: D () Delete
Name: FORGOSH, PETER A.,
Address: 200 CAMPUS DR
City-St-Zip: FLORHAM PARK, NJ

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFRED L SCHRAMA

PRES

10/05/2004

Electronic Signature of Signing Officer or Director

_____ Date