

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90410 020 ***150.00

0698903 FP

DOCUMENT # 836928

1. Entity Name
FIRST COMMERCIAL CORPORATION SOUTHEAST



Principal Place of Business
**2331 ROUTE 34
WALL TOWNSHIP NJ 08720**

Mailing Address
**2331 ROUTE 34
WALL TOWNSHIP NJ 08720**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

Zip Country Zip Country

4. FEI Number **22-2105123** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **4-17-03 732-223-6100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)