2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 838745

1. Entity Name
STONCOR GROUP, INC.

Principal Place of Business	Mailing Address
1 PARK AVE. P. O. BOX 308 MAPLE SHADE, NJ 08052	1 PARK AVE. P. O. BOX 308 MAPLE SHADE, NJ 08052

01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-0184790
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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, 2005 Fee will be $550.00

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

000001795887
01/28/05-80003-012 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REIF, DAVID P
STREET ADDRESS	35 LEGION LANE
CITY-ST-ZIP	HADDONFIELD, NJ 08033
TITLE	D
NAME	RICE, RONALD A
STREET ADDRESS	2628 PEARL RD
CITY-ST-ZIP	MEDINA, OH 44256
TITLE	EVP
NAME	ZIKMUND, DONALD R
STREET ADDRESS	504 EAGLEBROOK DRIVE
CITY-ST-ZIP	MOORESTOWN, NJ 08057
TITLE	EVP
NAME	FYNAN, MARGARET R
STREET ADDRESS	150-B BIRCHWOOD CT
CITY-ST-ZIP	MT LAUREL, NJ 08054
TITLE	S
NAME	TOMPKINS, KELLY P
STREET ADDRESS	2628 PEARL RD
CITY-ST-ZIP	MEDINA, OH 96930
TITLE	CFOT
NAME	MCGONIGLE, MARK E
STREET ADDRESS	31 SORRET RUN
CITY-ST-ZIP	MOUNT LAUREL, NJ 08054

DO NOT WRITE IN THIS SPACE

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: Mark E McGonigle 1-17-05 (856)779-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #