

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 838745

FILED
Jan 13, 2012
Secretary of State

Entity Name: STONCOR GROUP, INC.

Current Principal Place of Business:

1000 EAST PARK AVENUE
P. O. BOX 308
MAPLE SHADE, NJ 08052

New Principal Place of Business:

1000 EAST PARK AVENUE
MAPLE SHADE, NJ 08052

Current Mailing Address:

1000 EAST PARK AVENUE
P. O. BOX 308
MAPLE SHADE, NJ 08052

New Mailing Address:

FEI Number: 56-0184790 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: REIF, DAVID P
Address: 1000 EAST PARK AVE
City-St-Zip: MAPLE SHADE, NJ 08052

Title: D
Name: RICE, RONALD A
Address: 2628 PEARL RD
City-St-Zip: MEDINA, OH 44256

Title: EVP
Name: FYNAN, MARGARET R
Address: 1000 EAST PARK AVE.
City-St-Zip: MAPLE SHADE, NJ 08052

Title: S
Name: MOORE, EDWARD W
Address: 2628 PEARL ROAD
City-St-Zip: MEDINA, OH 44256

Title: CFOT
Name: MCGONIGLE, MARK E
Address: 1000 EAST PARK AVE.
City-St-Zip: MAPLE SHADE, NJ 08052

Title: D
Name: SULLIVAN, FRANK C
Address: 2628 PEARL ROAD
City-St-Zip: MEDINA, OH 44256

I hereby 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 all other like empowered.

SIGNATURE: MARK E. MCGONIGLE

CFOT

01/13/2012

Electronic Signature of Signing Officer or Director

Date