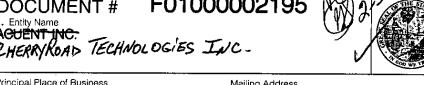
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT/(UBR



## FILED Feb 27, 2003 8:00 am Secretary of State

	me	10002195 X Tuc-			02-27-2003 90127 017 ***150.00	
Principal Place of Business 199 CHERRY HILL RD PARSIPPANY NJ 07054		Mailing Address 199 CHERRY HILL RD PARSIPPANY NJ 07054				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State		City & State			4. FEI Number 22-2422137 Applied For Not Applicable	7
Zip Country		Zip .	Coun	itry	5. Certificate of Status Desired See Required Fee Required	1
	6. Name and Address of Curren	t Registered Agent	ł		7. Name and Address of New Registered Agent	1
		· ·		Name		1
GULBAN, MICHAEL 925 LAKE WYMAN RD BOCA RATON FL 33431				Street Address	s (P.O. Box Number is Not Acceptable)	
M <sup>3</sup> )				City	FL Zip Code	
8. The above the obliga	e named entity submits this statement f tions of registered agent.	or the purpose of changing its	registere	ed office or registe	tered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOT)	E: Registered	d Agent signature required	red when reinstating) DATE	
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	of State	· ·		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD GULBAN, MICHAEL 925 LAKE WYMAN RD BOCA RATON FL 33431	ULBAN, MICHAEL 25 LAKE WYMAN RD		E Et address -St-Zip	☐ Change ☐ Addition	00,47,400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GULBAN, ANN M 4 HEMLOCK DRIVE DENVILLE NJ	☐ Delete			☐ Change ☐ Addition	200
NAME STREET ADDRESS CITY-ST-ZIP	LUBIN, NANCY 199 CHERRY HILL RD PARSIPPANY NJ	Oelete .			☐ Change ☐ Addition	- <b>-</b>
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	T JELEN, CHET 83 WALSH DRIVE MAHWAH NJ	☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, ED 540 MADISON AVE. NEW YORK NY	☐ Delete		1	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	T ADDRESS ST-ZIP	☐ Change ☐ Addition	
r∡. i nereby c	erow mar the information supplied with	number of the country for	the even	nntinn etatad in Sa	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.