


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

0897481  
FB

**DOCUMENT # F02000005817**

1. Entity Name  
**DSL STAR EXPRESS INC.**



FILED

03 MAY 13 AM 11:14



Principal Place of Business  
**GIRALDA FARMS  
MADISON NJ 07940**

Mailing Address  
**GIRALDA FARMS - PO Box 880  
MADISON NJ 07940**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 880 - TAX DEPT**  
Suite, Apt. #, etc.

City & State  
**MADISON, NJ 07940-0880**

City & State  
**MADISON, NJ 07940-0880**

Zip Country Zip Country

4. FEI Number **22-3824133** 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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**600020055486**

City State Zip Code  
**FL**

05/28/03--01006--013 \*\*150.00

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CHIARELLO, ANTHONY A 2 GIRALDA FARMS, MADISON AVENUE MADISON NJ 07940-0880</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST ANDERSEN, JAN K 2 GIRALDA FARMS, MADISON AVENUE MADISON NJ 07940-0880</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BRANDT, SOREN K 2 GIRALDA FARMS, MADISON AVENUE MADISON NJ 07940-0880</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HOVE, THORKILD 2 GIRALDA FARMS, MADISON AVENUE MADISON NJ 07940-0880</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C ANDERSEN, THOMAS THUNE 2 GIRALDA FARMS, MADISON AVENUE MADISON NJ 07940-0880</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CLANCEY, JOHN P 2 GIRALDA FARMS, MADISON AVENUE MADISON NJ 07940-0880</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>286 Harlingen Road Belle Mead, NJ 08502</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7 Ramsey Way Long Valley, NJ 07853</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Dalvej 20B DK-2820 Gentofte Denmark</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>804 Mountain Avenue Westfield, NJ 07090</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>55 West Lane Madison, NJ 07940</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D Kim J. Fejfer 8 Briarcliff Terrace Kinnelon, NJ 07405</b>

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: *Frank H. Herczeg, Jr.* **FRANK HERCZEG, JR.** April 28, 2003 (973) 514-5631

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

CR2E034 (10/02)

ATTACHMENT #  
FO 2000005817  
Payer/wh

▶ DSL STAR express.

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, That we, DSL Star Express Inc.  
~~incorporated and existing~~ under the laws of the State of Delaware and ~~having our~~  
registered office at Giralda Farms, Madison Avenue, Madison, NJ do hereby  
constitute and appoint:

Mr. Frank Herczeg

As our attorney-in-fact authorized to sign any taxation document, including  
income tax returns and annual reports, requiring the signature of an officer of DSL  
Star Express Inc.

IN WITNESS WHEREOF, DSL Star Express Inc. has caused this instrument to be  
duily executed this 20<sup>th</sup> day of May 2002.

WITNESS

Jill Wilson

Date: 5/21/02

sworn to and subscribed  
before me this  
21 day of May, 2002

JILL WILSON  
NOTARY PUBLIC OF NEW JERSEY  
Commission Expires 9/27/2005

DSL Star Express Inc.

Jan K. Andersen

Jan K. Andersen  
Corporate Secretary

DSL STAR EXPRESS INC.