## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: £

SIGNATURE AND TYPED

## **Secretary of State DOCUMENT # F03000005491** 02-02-2004 90024 036 \*\*\*150.00 WITHUMSMITH + BROWN, A PROFESSIONAL CORPORATION Principal Place of Business Mailing Address 100 OVERLOOK CENTER 100 OVERLOOK CENTER PRINCETON, NJ 08540 PRINCETON, NJ 08540 3. Mailing Address 2. Principal Place of Business 5 Vaughn Drive 5 Vaughn Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 01142004 Chg-P CR2E034 (10/03) 4. FEI Number Applied For City & State City & State Princeton, NJ 22-2027092 Not Applicable Princeton, NJ Country Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired $\Box$ 08540 USA Fee Required USA 08540 7.= Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Delete TITLE TITLE BROWN, IVAN C. NAME BROWN, IVAN C NAME STREET ADDRESS 100 OVERLOOK CENTER 5 VAUGHN DRIVE STREET ADDRESS PRINCETON, NJ 08540 CITY-ST-7IP PRINCETON, NJ 08540 CITY-ST-ZIP X Change ☐ Addition ☐ Delete TITLE TITLE SPRINGSTEEN, DAVID A NAME SPRINGSTEEN, DAVID A. NAME STREET ADDRESS STREET ADDRESS 100 OVERLOOK CENTER 5 VAUGHN DRIVE CITY-ST-ZIP PRINCETON, NJ 08540 CITY-ST-ZIP PRINCETON, NJ 08540 ☐ Addition ☐ Delete TITLE 🔀 Change SMITH, LEONARD H. NAME SMITH, LEONARD H NAME STREET ADDRESS 5 VAUGHN DRIVE PRINCTON, NJ 08540 STREET ADDRESS 100 OVERLOOK CENTER CITY-ST-ZIP CITY-ST-ZIP PRINCETON, NJ 08540 ☐ Addition ☐ Delete TITLE T Change TITLE NAME SUAREZ, THOMAS R. SUAREZ, THOMASR NAME STREET ADDRESS 100 OVERLOOK CENTER STREET ADDRESS 5 VAUGHN DRIVE CITY-ST-ZIP PRINCETON, NJ 08540 PRINCETON, NJ 08540 CITY-ST-ZIP Change Addition TITLE TITLE . Delete NAME NAME STREET ADDRESS STREET ADDRESS ن نے پر جاپائے نے بھی اسے CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE . -Delete 😅 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. 01/28/04 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Springsteen

FILED

Feb 02, 2004 8:00 am