

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000851

FILED  
May 04, 2009  
Secretary of State

Entity Name: RESTAURANT COVERAGE ASSOCIATES, INC.

**Current Principal Place of Business:**

1333 BROAD STREET  
CLIFTON, NJ 07013

**New Principal Place of Business:**

**Current Mailing Address:**

1333 BROAD STREET  
CLIFTON, NJ 07013

**New Mailing Address:**

FEI Number: 22-3392031

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COOK, SCOTT  
3900 WOODLAKE BOULEVARD STE. 305  
GREEN ACRES, FL 33463 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HENRY, JAMES  
Address: 148 FERN AVENUE  
City-St-Zip: LYNDHURST, NJ 07071

Title: S ( ) Delete  
Name: SKOWRONSKI, JOSEPH  
Address: 5 PARKVIEW LANE  
City-St-Zip: FAIRFIELD, NJ 07004

Title: V ( ) Delete  
Name: HARTMANN, THOMAS  
Address: 2 ABINGDON STREET  
City-St-Zip: MORRIS PLAINS, NJ 07950

Title: V ( ) Delete  
Name: MAHER, MICHAEL  
Address: 11 SOUTHFIELD ROAD  
City-St-Zip: BOONTON TOWNSHIP, NJ 07005

Title: T ( ) Delete  
Name: LEONARD, MICHAEL  
Address: 133 OLDFIELD AVE  
City-St-Zip: HASBROUCK HEIGHTS, NJ 07604

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL LEONARD

T

05/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date