

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO MEMBERS: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morman  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F93000000993 (6)**

1. Corporation Name  
**COLFAX ASSOCIATES INC.**

**FILED**  
**95 JUL 11 AM 9:32**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address  
**205 ROBIN RD., SUITE 100** **205 ROBIN RD., SUITE 100**  
**PARAMUS NJ 07653** **PARAMUS NJ 07653**

DO NOT WRITE IN THIS SPACE.

|  |  |   |  |   |  |  |  |
|--|--|---|--|---|--|--|--|
| 2. Principal Place of Business<br>21 <b>50 West Ridgewood Ave.</b><br>Suite, Apt. #, etc. 22 |  | 2a. Mailing Address<br>26 <b>P.O. Box 627</b><br>Suite, Apt. #, etc. 27 |  | 3. Date Incorporated or Qualified<br><b>02/22/1993</b>  |  | 3a. Date of Last Report<br><b>05/01/1994</b> |  |
| 23 City & State<br><b>Ridgewood, NJ 07450</b>  |  | 28 City & State<br><b>Ridgewood, NJ 07451</b>                           |  | 4. FEI Number<br><b>22-1837028</b>  |  | Applied For<br>Not Applicable                |  |
| 24 Zip<br>25   |  | 29 Zip<br>30  |  | 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required        |  |
|  |  |   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   |  | <b>\$5.00</b> May Be Added to Fees           |  |
|  |  |   |  | 8. The corporation has liability for intangible tax under s. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |

|   |  |  |  |   |  |             |  |
|---|--|--|--|---|--|-------------|--|
| 9. Name and Address of Current Registered Agent<br><b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.</b><br><b>110 N. MAGNOLIA ST.</b><br><b>TALLAHASSEE FL 32301</b> |  |  |  | 10. Name and Address of New Registered Agent          |  |             |  |
| B1 Name   |  |  |  | B2 Street Address (P.O. Box Number is Not Acceptable) |  |             |  |
| B3  |  |  |  | B4 City   |  |             |  |
|   |  |  |  | FL  |  | B5 Zip Code |  |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                                   |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                |  |
|--|---|--|--|
| TITLE<br><b>P</b>  | NAME<br><b>GREENBERG JUDITH</b>                   | 1.1 TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>SUITE 100 205 ROBIN RD PO BOX 1069</b>  | CITY - ST - ZIP<br><b>PARAMUS NJ</b>              | 1.2 NAME   |  |
|  |   | 1.3 STREET ADDRESS<br><b>50 West Ridgewood Avenue - P.O. Box 627</b> |  |
|  |   | 1.4 CITY - ST - ZIP<br><b>Ridgewood, NJ 07451</b>                    |  |
| TITLE<br><b>V</b>  | NAME<br><b>GREENBERG STEVEN GREENBERG JEFFREY</b> | 2.1 TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>SUITE 100 205 ROBIN RD PO BOX 1069</b>  | CITY - ST - ZIP<br><b>PARAMUS NJ</b>              | 2.2 NAME   |  |
|  |   | 2.3 STREET ADDRESS<br><b>50 West Ridgewood Avenue - P.O. Box 627</b> |  |
|  |   | 2.4 CITY - ST - ZIP<br><b>Ridgewood, NJ 07451</b>                    |  |
| TITLE<br><b>S</b>  | NAME<br><b>GREENBERG STEVEN</b>                   | 3.1 TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>SUITE 100 205 ROBIN RD. PO BOX 1069</b> | CITY - ST - ZIP<br><b>PARAMUS NJ</b>              | 3.2 NAME   |  |
|  |   | 3.3 STREET ADDRESS<br><b>P.O. Box 627</b>                            |  |
|  |   | 3.4 CITY - ST - ZIP<br><b>Ridgewood, NJ 07451</b>                    |  |
| TITLE<br><b>T</b>  | NAME<br><b>GREENBERG JEFFREY</b>                  | 4.1 TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>SUITE 100 205 ROBIN RD PO BOX 1069</b>  | CITY - ST - ZIP<br><b>PARAMUS NJ</b>              | 4.2 NAME   |  |
|  |   | 4.3 STREET ADDRESS<br><b>50 West Ridgewood Avenue - P.O. Box 627</b> |  |
|  |   | 4.4 CITY - ST - ZIP<br><b>Ridgewood, NJ 07451</b>                    |  |
| TITLE  | NAME  | 5.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS   |   | 5.2 NAME   |  |
| CITY - ST - ZIP  |   | 5.3 STREET ADDRESS   |  |
|  |   | 5.4 CITY - ST - ZIP  |  |
| TITLE  | NAME  | 6.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS   |   | 6.2 NAME   |  |
| CITY - ST - ZIP  |   | 6.3 STREET ADDRESS   |  |
|  |   | 6.4 CITY - ST - ZIP  |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeffrey Greenberg, V.P. *Jeffrey Greenberg* 7/5/95 201 251-9700

CR2E034 (3/95)