

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004727

1. Entity Name

MEDICAL LOGISTICS (OF NJ), INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90142 003 \*\*\*150.00

Principal Place of Business

Mailing Address

999 RIVERVIEW DRIVE, SUITE 304  
 TOTOWA NJ 07512

999 RIVERVIEW DRIVE, SUITE 304  
 TOTOWA NJ 07512-1165

2. Principal Place of Business

3. Mailing Address

999 RIVERVIEW DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FINANCE DEPT.

City & State

City & State

TOTOWA, NJ

4. FEI Number

22-3554191

Applied For

Not Applicable

Zip

Country

Zip

Country

07512

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

Name

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

City

FL

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.

SIGNATURE

*[Handwritten Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	THOMPSON, TERRY R	
STREET ADDRESS	999 RIVERVIEW DRIVE, SUITE 304	
CITY-ST-ZIP	TOTOWA NJ 07512	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARDEN, JAMES	
STREET ADDRESS	999 RIVERVIEW DRIVE, SUITE 304	
CITY-ST-ZIP	TOTOWA NJ 07512	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWELL, KENNETH R	
STREET ADDRESS	999 RIVERVIEW DRIVE, SUITE 304	
CITY-ST-ZIP	TOTOWA NJ 07512	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROADHURST, AUSTIN JR.	
STREET ADDRESS	ONE LANDMARK SQUARE	
CITY-ST-ZIP	STAMFORD CT 06901	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KLUGER, MICHAEL J	
STREET ADDRESS	1177 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FISHER, STEVEN	
STREET ADDRESS	1177 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10036	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

SEE ATTACHED

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/19/00 973-037-0301

Daytime Phone #

x102

CR2E034 (9/99)