

FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
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1997 MAR 10 AM 8:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT #194000000177
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P.A. POST AGENCY, L.L.C., L.C.
401 HACKENSACK AVENUE
HACKENSACK NJ 07601

1a. Principal Place of Business Address

401 HACKENSACK AVENUE
HACKENSACK NJ 07601

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/29/1994	NJ
City & State		City & State		4. FEI Number	☐ Applied For ☐ Not Applicable
Zip		Country		22-3338243	
				5. Date of Last Report	6. Certificate of Status Desired
				03/04/1996	☐ Additional Fee Required

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, etc.
	City
	Zip Code
	FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MRGM	POST, THOMAS S JR.	401 HACKENSACK AVENUE	HACKENSACK NJ
			600002110516--2 -03/11/97--01129--016 ****203.75 ****203.75
			<i>1680 3/11/97</i>

11. I do 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: THOMAS S. POST, JR. 2/28/97 201-342-2180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #