

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90229 028 \*\*\*150.00

**DOCUMENT # P04096**

1. Entity Name

**PAULUS, SOKOLOWSKI & SARTOR, INC.**



DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| Principal Place of Business<br>67-A MOUNTAIN BOULEVARD EXT.<br>WARREN NJ 07059-0039<br>US | Mailing Address<br>67-A MOUNTAIN BOULEVARD EXT.<br>WARREN NJ 07059<br>US |
|---|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                    |  |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number<br><b>22-1838372</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country  |

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

**6. Name and Address of Current Registered Agent**

**MEHLTRETTER, JAMES**  
**2907 BAY TO BAY BLVD.**  
**SUITE 214**  
**TAMPA FL 33629**

**7. Name and Address of New Registered Agent**

Name **THOMAS A. FARINA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2255 GLADES ROAD**  
**SUITE 324 ATRIUM**  
 City **BOCA RATON** **FL** Zip Code **33431**

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 *Thomas A. Farina* **THOMAS A. FARINA, VICE PRESIDENT** DATE **4/27/00**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>PAULUS, WILLIAM, JR.</b><br><b>4 OWENS DRIVE</b><br><b>WARREN NJ</b> <input type="checkbox"/> Delete                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br><b>FALCONE, P. A.</b><br><b>764 SCOTCH PLAINS AVENUE</b><br><b>WESTFIELD NJ</b> <input checked="" type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br><b>GENNARO, MICHAEL M.</b><br><b>158 COLCHESTER ROAD</b><br><b>NEW PROVIDENCE NJ</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br><b>ANTES, D.</b><br><b>431 CAMBRIDGE ROAD</b><br><b>RIDGEWOOD NJ</b> <input checked="" type="checkbox"/> Delete                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VSTD</b><br><b>SARTOR, ANTHONY J.</b><br><b>27 ALLENBY LANE</b><br><b>SCOTCH PLAINS NJ</b> <input type="checkbox"/> Delete                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>MEHLTRETTER, JAMES</b><br><b>1044 SYLVIA LN.</b><br><b>TAMPA FL</b> <input checked="" type="checkbox"/> Delete                |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>WALZ, ROGER J.</b><br><b>1719 ROUTE 10, SUITE 108</b><br><b>PARSIPPANY, NJ 07054</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>V</b><br><b>FALCONE, P. A.</b><br><b>67 A MOUNTAIN BOULEVARD EXT.</b><br><b>WARREN, NJ 07059</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>V</b><br><b>GENNARO, MICHAEL M.</b><br><b>67 A MOUNTAIN BOULEVARD EXT.</b><br><b>WARREN, NJ 07059</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>V</b><br><b>ANTES, D.</b><br><b>67 A MOUNTAIN BOULEVARD EXT.</b><br><b>WARREN, NJ 07059</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>FERAUDO, WILLIAM K.</b><br><b>ONE METROTECH CENTER</b><br><b>BROOKLYN, NY 11201</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>BONACUSO, THOMAS</b><br><b>201 OLD COUNTRY ROAD, SUITE 300</b><br><b>MELVILLE, NY 11747-2725</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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: *Michael M. Gennaro, Sr.* **Michael M. Gennaro, Sr. Vice Pres.** Date **4/27/00** Daytime Phone # **732-560-9700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)