2002 UNIFORM BUSINESS REPORT (UBR)

Jan 24, 2002 8:00 am DOCUMENT # P19482 Secretary of State 01-24-2002 90208 004 ***150.00 SOUTHERN ATLANTIC SUPPLY DIVISION, CORP. Mailing Address Principal Place of Business 15 E'UNION AVE 15 EAST UNION AVE **BOX 115 BOX 115** EAST RUTHERFORD NJ 07030 EAST RUTHERFORD NJ 07030 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 22-1729463 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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. 1991 ST Comes Signature, typed by printed name of registered agent and title if applicable. 1991 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE Change TITLE **ECD** NAME FEURY, ROBERT NAME STREET ADDRESS STREET ADDRESS **5 MADISON AVE** CITY-ST-ZIP CITY-ST-ZIP **KEARNY NJ 07032** TITLE ☐ Addition ☐ Delete TITLE NAME NAME SMILOWITZ, HERBERT STREET ADDRESS STREET ADDRESS 39 CRESTWOOD DRIVE CITY-ST-ZIP CITY-ST-ZIP WEST ORANGE NJ 07052 - Change __ . Addition ☐ Delete THE NAME NAME BICKEL, JACK STREET ADDRESS STREET ADDRESS 3602 HALE PLACE CITY-ST-ZIP CITY-ST-ZIP FAIRLAWN NJ 07410 CHIEF FINANCIAL OFFICER Change ☐ Addition ☐ Delete TITLE -NAME NAME REILLY, BRIAN 50 HIDDEN GLEN DRIVE 114 EDISON RD STREET ADDRESS STREET ADDRESS SPARTA, NO 07871 CITY-ST-ZIP SPARTA NJ 07871 CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE ۷P NAME **BLOOM: GREG** NAME STREET ADDRESS STREET ADDRESS 8420:125TH PLACE S.W. CITY-ST-ZIP CITY-ST-ZIP MUKILTEO WA 98275 Change ☐ Addition CFO ☐ Delete TITLE TITLE LYNCH, MICHEAL NAME NAME 3777 PEACHTREE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30319 CITY-ST-ZIP

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayling Phone #

13. I hereby certify that the information supplied with this filling 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 trusfee 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 abother like empowered.

SIGNATURE: