


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90444 042 \*\*\*150.00

<b>DOCUMENT # 852424</b> 1. Entity Name <b>THE LOUIS BERGER GROUP, INC.</b>	
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Principal Place of Business <b>100 HALSTED ST. EAST ORANGE, NJ 07018-2612</b>	Mailing Address <b>100 HALSTED ST. EAST ORANGE, NJ 07018-2612</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04122004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MARANTZ, LEON A.</b> <b>2580 SOUTH OCEAN BLVD</b> <b>SUITE 1-B-3</b> <b>PALM BEACH, FL 33480</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WOLFF, DERISH M. 160-3 JOCKEY HOLLOW RD BERNARDSVILLE, NJ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bernardsville, NJ 07924
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERGER, FREDRIC S. 7729 BROOKVILLE RD. CHEVY CHASE, MD 20815 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS PEARLSON, PAUL A. 235 HILLSIDE AVE. LIVINGSTON, NJ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Livingston, NJ 07039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MARANTZ, LEON A. 2580 S. OCEAN BLVD. PALM BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Palm Beach, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASUCCI, NICHOLAS J 10801 MILLINGTON LN RICHMOND, VA 23228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20 Prospect Ave. Montclair, NJ 07042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASV BALCH, JAMES G 309 WESTVIEW AVE LEONIA, NJ 07605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bach, James G.

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul A. Pearlson **PAUL A. PEARLSON** 4/15/04 973-678-1960  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 852424

THE LOUIS BERGER GROUP, INC.  
100 HALSTED STREET  
EAST ORANGE, NJ 07018

DOCUMENT # 852424

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	V/D
NAME	JICHLINSKI, MICHEL *
STREET ADDRESS	2312 ASHBORO DR.
CITY-ST-ZIP	CHEVY CHASE, MD 20815

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TITLE	V
NAME	KORNELL, RONALD F. *
STREET ADDRESS	5408 Cromwell Dr.
CITY-ST-ZIP	Bethesda, MD 20816

TITLE	AS
NAME	SALVATORE J. PEPE
STREET ADDRESS	51 FULLING AVE.
CITY-ST-ZIP	TUCKAHOE, NY 10707

\* Previously reported but not preprinted in box 10