

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90637 040 ***158.75

DOCUMENT # 838745

1. Entity Name
STONCOR GROUP, INC.



Principal Place of Business
1 PARK AVE.
P. O. BOX 308
MAPLE SHADE, NJ 08052

Mailing Address
1 PARK AVE.
P. O. BOX 308
MAPLE SHADE, NJ 08052

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

56-0184790

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW WITH FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	REIF, DAVID P	
STREET ADDRESS	223 HICKORY LANE	
CITY-ST-ZIP	HADDONFIELD, NJ 08033	
TITLE	CD	☒ Delete
NAME	KARMAN, JAMES A	
STREET ADDRESS	2628 PEARL RD	
CITY-ST-ZIP	MEDINA, OH 96930	
TITLE	EVP	☐ Delete
NAME	ZIKMUND, DONALD R	
STREET ADDRESS	504 EAGLEBROOK DRIVE	
CITY-ST-ZIP	MOORESTOWN, NJ 08057	
TITLE	EVP	☐ Delete
NAME	FYNAN, MARGARET R	
STREET ADDRESS	150-B BIRCHWOOD CT	
CITY-ST-ZIP	MT LAUREL, NJ 08054	
TITLE	S	☐ Delete
NAME	TOMPKINS, KELLY P	
STREET ADDRESS	2628 PEARL RD	
CITY-ST-ZIP	MEDINA, OH 96930	
TITLE	CFOT	☐ Delete
NAME	MCGONIGLE, MARK E	
STREET ADDRESS	3 PROVIDENCE RD	
CITY-ST-ZIP	MARLTON, NJ 08053	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.D.	☒ Change ☐ Addition
NAME	Reif, David P.	
STREET ADDRESS	35 Legion Lane	
CITY-ST-ZIP	Haddonfield, NJ 08033	
TITLE	Director	☐ Change ☒ Addition
NAME	Rice, Ronald A	
STREET ADDRESS	2628 Pearl Rd.	
CITY-ST-ZIP	Medina, OH 44256	
TITLE	Director	☐ Change ☒ Addition
NAME	Sullivan, Frank C.	
STREET ADDRESS	2628 Pearl Rd.	
CITY-ST-ZIP	Medina, OH 44256	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFOT	☒ Change ☐ Addition
NAME	McGonigle, Mark E.	
STREET ADDRESS	31 Sorrell Run	
CITY-ST-ZIP	Mount Laurel, NJ 08054	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-03 850-705-7500

Date

Daytime Phone #

CR2E03A (10/02)