

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JAN 29 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 286888

1. Entity Name
CORE MARKETS, INC.



Principal Place of Business
700 SYLVAN AVE.
ENGLEWOOD CLIFFS, NJ 07632

Mailing Address
700 SYLVAN AVE.
ENGLEWOOD CLIFFS, NJ 07632



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1090160

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHWARTZ, DAVID A
STREET ADDRESS	33 BENEDICT PL
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	DAS
NAME	RADIN, ANTHONY
STREET ADDRESS	00 SYLVAN AVE.
CITY-ST-ZIP	ENGLEWOOD CLIFFS, NJ 07632
TITLE	AS
NAME	LEONARD, KENNETH C
STREET ADDRESS	33 BENEDICT PLACE
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	T
NAME	KRANTZ, JOHN
STREET ADDRESS	800 SYLVAN AVE.
CITY-ST-ZIP	ENGLEWOOD CLIFFS, NJ 07632
TITLE	ASD
NAME	STRICKLAND, DAVID J
STREET ADDRESS	33 BENEDICT PL
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000028061070
02/02/04--01095--031 **150.00

**DO NOT WRITE
IN THIS SPACE**

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

11/3/04

Date

201-894-2493

Daytime Phone #