## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 334197** 

Title:

Name:

Address:

City-St-Zip:

FILED Mar 14, 2007 Secretary of State

Entity Name: ALLMON, TIERNAN & ELY, INC.						
Current Pr	incipal Place o	of Business:	New Princ	New Principal Place of Business:		
1 CAMPUS PARSIPPAI	DRIVE NY, NJ 07054					
Current Mailing Address:			New Maili	New Mailing Address:		
1 CAMPUS PARSIPPAI	DRIVE NY, NJ 07054					
FEI Number:	59-1222302	FEI Number Applied For ( ) FEI N	lumber Not Appl	licable ( ) Certificate of Status Desire	d()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US						
The above in the State		bmits this statement for the purpose	e of changing it	its registered office or registered agent,	or both,	
SIGNATURE:						
	Electronic	Signature of Registered Agent		Date		
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS	AND DIRECT	ORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIF	RECTORS:	
Title: Name: Address: City-St-Zip:	P () C ZIPF, BRUCE 339 JEFFERSON PARSIPPANY, N.		Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition ZIPF, BRUCE 1 CAMPUS DRIVE PARSIPPANY, NJ 07054		
Title: Name: Address: City-St-Zip:	V () E HUBER, JOSEPH 1 CAMPUS DRIVI PARSIPPANY, N.	E	Title: Name: Address: City-St-Zip:	SVP (X) Change ( ) Addition HUBER, JOSEPH J 1 CAMPUS DRIVE PARSIPPANY, NJ 07054		
Title: Name: Address: City-St-Zip:	( ) [	Delete	Title: Name: Address: City-St-Zip:	T ( ) Change (X) Addition HULL, ANTHONY E 1 CAMPUS DRIVE PARSIPPANY, NJ 07054		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address: City-St-Zip:

SIGNATURE: JOSEPH J. HUBER SVP 03/14/2007

() Delete

( ) Change (X) Addition

CARDWELL IV, C. PATTESON IV

1 CAMPUS DRIVE

PARSIPPANY, NJ 07054