## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2000 8:00 am Secretary of State **DOCUMENT # 527829** 1. Entity Name MELDISCO K-M ST. AUGUSTINE, FLA., INC. (2403) 05-01-2000 90378 002 \*\*\*150.00 Principal Place of Business Mailing Address 933 MACARTHUR BLVD US HWY, #1 S. ST. AUGUSTINE FL 32084 MAHWAH NJ 07430-2045 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 22-2144912 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 UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET STE. 105 TALLAHASSEE FL 32301 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. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TIB F Change TITLE SHEPARD, JEFFREY A NAME STREET ADDRESS 933 MACARTHUR BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAHWAH NJ 07430 ☐ Change ☐ Addition ☐ Delete TITI E TITLE PROFFITT, RANDALL S NAME NAME STREET ADDRESS STREET ADDRESS 3100 W.BIG BEAVER CITY-ST-ZIP CITY-ST-ZIP TROY MI 07430 ☐ Change ☐ Addition ☐ Delete TITLE TITLE RICHARDS, MAUREEN NAME NAME STREET ADDRESS 933 MACARTHUR BLVD. STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP MAHWAH NJ 07430 ☐ Change ☐ Addition Delete TITLE TIT! F Wojno, Thomas NAME NAME 933 MACARTHUR BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAHWAH NJ 07430 CITY-ST-ZIP ☐ Change ☐ Addition AT/D ☐ Delete TITLE GUINNESSEY, KATHLEEN NAME STREET ADDRESS STREET ADDRESS 933 MACARTHUR BLVD CITY-ST-ZIP CITY-ST-ZIP MAHWAH NJ 07430 ☐ Addition Change ☐ Delete TITLE TITLE **BAUMIN, THOMAS** NAME NAME STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: .

STREET ADDRESS CITY-ST-7IP

933 MACARTHUR BLVD.

MAHWAH NJ

KATHLEEN GUINNESSEY OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

APR 1 8 2000

(201) 934-2000

Daytime Phone #