## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2000 8:00 am Secretary of State **DOCUMENT #621103** 2762 MELDISCO K-M PORT ORANGE FLA., INC. 05-01-2000 90057 030 \*\*\*150.00 Mailing Address Principal Place of Business 933 MAC ARTHUR BLVD 3813 NOVA ROAD PORT ORANGE FL 32019 MAHWAH NJ 07430-2045 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 22-2253162 Not Applicable Country **\$8.75** Additional Zip Country 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 FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition Delete TITLE TITLE KATHLEEN GUINNESSEY NAME NAME PROFFITT. RANDALL S STREET ADDRESS STREET ADDRESS 933 MACARTHUR BLVD. 933 MacARTHUR BLVD., MAHWAH, NJ 07430 CITY-ST-ZIP CITY-ST-ZIP MAHWAH NJ ☐ Addition TITLE □ Delete TITLE NAME WOJNO, THOMAS NAME STREET ADDRESS STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-7IP CITY-ST-ZIP MAHWAH NJ ☐ Change Addition Delete TITLE TITLE NAME NAME shepard, Jeffrey STREET ADDRESS STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-ZIP CITY-ST-ZIP MAHWAH NJ ☐ Addition Delete Change TITLE TITLE PALIZZI, ANTHONY NAME STREET ADDRESS STREET ADDRESS 3100 W BIG BEAVER CITY-ST-ZIP CITY-ST-ZIP TROY, MI 00000 ΑT ☐ Delete TITLE Change ☐ Addition TITLE BAUMIN, THOMAS NAME NAME STREET ADDRESS STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-ZIP CITY-ST-ZIP MAHWAH NJ ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME RICHARDS, MAUREEN NAME STREET ADDRESS STREET ADDRESS 933 MACARTHUR BLVD CITY-ST-7IP CITY-ST-ZIP MAHWAH NJ

13. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

APR 1 8 2000

(201) 934-2000

Daytime Phone #