2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # 686958** MELDISCO K-M, PUNTA GORDA, FL., INC. (3792)04-26-2001 90131 018 ***150.00 Principal Place of Business Mailing Address 933 MACARTHUR BLCD 3941 TAMIAMI TRAIL **UNIT 1101 UNIT 1101** PUNTA GORDA FL 33950 MAHWAH NJ 07430 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 22-2318670 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET STE. 105 TALLAHASSEE FL 32301 City 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 SIGNATURE Signature, typed or or intedinance of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change SHEPARD, JEFFREY NAME MANAE STREET ADDRESS 933 MACARTHUR BLVD. STREET ADDRESS CITY-ST-ZIP MAHWAH NJ CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PROFFITT, RANDALL S NAME NAME 933 MACARTHUR BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAHWAH NJ CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition GUINNESSEY, KATHLEEN NAME NAME STREET ADDRESS 933 MACARTHUR BLVD. STREET ADDRESS CITY-ST-ZIP MAHWAH NJ 07430 CITY-ST-ZIP AΤ TITLE Delete TITLE Addition ☐ Change BAUMLIN, THOMAS MAME NAME STREET ADDRESS 933 MACARTHUR BLVD. STREET ADDRESS CITY-ST-ZIP MAHWAH NJ 07430 CITY-ST-ZIP TITLE ☐ Delete ☐ Chance Addition RICHARDS, MAUREEN NAME STREET ADDRESS 933 MAC ARTHUR BLVD STREET ADDRESS CITY - ST - 7IP MAHWAH NJ CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME

13. Thereby 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.

STREET ADDRESS

CiTY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS WOJNO

(201) 934-2000