2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

NATURE AND TUPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Apr 18, 2001 8:00 am Secretary of State **DOCUMENT #815199** 1. Entity Name INTERNATIONAL GRANITE & MARBLE CORPORATION 04-18-2001 90024 015 ***150.00 Principal Place of Business Mailing Address 2038 83RD ST. 2038 83RD ST. N. BERGEN NJ 07047-4711 N. BERGEN NJ 07047-4711 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 22-1605819 Not Applicable Zip Country \$8.75 Additional 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 THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ■ Addition TP ☐ Delete TITLE TITLE NAME WEISS, JOHN STREET ADDRESS STREET ADDRESS **40 SUFFOLK AVE** CITY-ST-ZIP CITY-ST-ZIP TENAFLY NJ Addition ☐ Change TITLE ☐ Delete TITLE NAME WEISS, ROBERT NAME STREET ADDRESS 75 EVERETT ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GLOSTER NJ 07624** Change ☐ Addition ☐ Delete TITLE NAME ... _ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 truetee empowered descent this report is 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 only like empowered.