FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 21, 2002 8:00 am § Secretary of State DOCUMENT # 823195 1. Entity Name WILLIAM GRANT & SONS, INC. 04-21-2002 90893 012 ***150 Principal Place of Business Mailing Address 130 FIELDCREST AVENUE 130 FIELDCREST AVENUE PO BOX 997 RARITAN CENTER (08818) PO BOX 997 RARITAN CENTER (08818) EDISON NJ 08837 EDISON NJ 08837 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 22-1757718 Not Applicable Zip Country Zip 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 THE PRENTICE-HALL CORPORATION SYSTEM INC Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST 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 printed name of registered agent and title if applicable. (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 Tax filing requirement and elects to do so. After May 1, 2002 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 Addition TITLE ☐ Delete Change ANDERSON, DEREK MARAE NAME 666 GREENWICH ST APT 1029 STREET ADDRESS STREET ADDRESS **NEW YORK NY 10014** CITY-ST-7iP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition KLAUBER, STEVEN NAME NAME STREET ADDRESS 9 TUPPENCE RD STREET ADDRESS MANALAPAN NJ 07726 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE **Change** ☐ Addition NAPIORSKI, RAYMOND -- -NAME NAME STREET ADDRESS 65 WEST FRANCIS ST STREET ADDRESS CITY-ST-ZIP ISELIN, NJ 0 CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME CARRETTA, RICHARD L NAME 30 CYPACSS Point Lanc STREET ADDRESS 96 BATTIN RD STREET ADDRESS CITY-ST-ZIP FAIR HAVEN NJ 07704 CITY-ST-ZIP JACKSON NJ 08527 Delete Change TITLE TITLE ☐ Addition LASNER, DANIEL NAME NAME 100 MORNING GUAY RD STREET ADDRESS 100 Marning GLOTY RD STREET ADDRESS WARREN NJ 07059 CITY-ST-7IP CITY-ST-7IP VPD Change TITLE ☐ Delete TITLE ☐ Addition TEASDALE, MARK NAME NAME 421 Hudson ST APT 625 STREET ADDRESS 78 READE ST APT 3C STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10007** CITY-ST-ZIP New York, NY 10014 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 applemental 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:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>732 225-9000</u>