

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90048 029 ***150.00

DOCUMENT # 823195 1. Entity Name WILLIAM GRANT & SONS, INC.			
Principal Place of Business 130 FIELDCREST AVENUE PO BOX 997 RARITAN CENTER (08818) EDISON, NJ 08837		Mailing Address 130 FIELDCREST AVENUE PO BOX 997 RARITAN CENTER (08818) EDISON, NJ 08837	
2. Principal Place of Business - No P.O. Box # 130 Fieldcrest Ave Suite, Apt. #, etc.		3. Mailing Address 130 Fieldcrest Ave Suite, Apt. #, etc.	
City & State Edison NJ		City & State Edison NJ	
Zip 08837	Country USA	Zip 08837	Country USA
4. FEI Number 22-1757718		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC 1201 HAYES ST STE - 105 TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD WEST, PHIL 38 SOUTHMELO RD FAIRFIELD, CT 06824	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VPD West Phil 38 Southfield Road Fairfield CT 06824	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP S JOHN, MICHAEL R 25 TUPPENCE WAY CLARKSBURG, NJ 08510	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP S Sosa, Michael R. 28 Carriage Way Millstone Township NJ 08510	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPD GRUMBECK, DAN 1323 FULLSMEADE OLDSMAR, FL 34677	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VPD GRUNBECK, Daniel 1323 Fullsmade Oldsmar FL 34677	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T SPRINGER, EUGENE 3 VANDER FELT PLACE WOODBIDGE, NJ 07095	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP T Springer, Eugene 3 Vanderbilt Place Woodbridge NJ 07095	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD GRUNLOCK, DAN 1323 FULLSIDE ST OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PD Horton, James 39 Blue Mountain Rd Norwalk CT 06851	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD GRUNLOCK, DAN 1323 FULLSIDE ST OLDSMAR, FL 34677	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VPD Peterson, Michael J. 5 Field Rd Milford NJ 08848	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		Michael R. Sosa	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 07/03/07	Daytime Phone # 732 225-9000