


**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      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 - No P.O. Box #      3. Mailing Address

**130 Fieldcrest Ave**      **130 Fieldcrest Ave**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Edison NJ**      **Edison NJ**

Zip      Country      Zip      Country

**08837**      **USA**      **08837**      **USA**



07032007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**22-1757718**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**      **7. Name and Address of New Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM INC**      Name

**1201 HAYES ST**      Street Address (P.O. Box Number is Not Acceptable)

**STE - 105**      City

**TALLAHASSEE, FL 32301**      **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

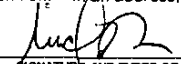
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.            **\$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 Merwalk CT 06851 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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**      07/03/07      732 225-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #