
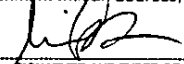


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90394 048 ***150.00

DOCUMENT # 823195					
1. Entity Name WILLIAM GRANT & SONS, INC.					
Principal Place of Business 130 FIELDCREST AVENUE EDISON, NJ 08837			Mailing Address 130 FIELDCREST AVENUE EDISON, NJ 08837		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 22-1757718	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 1201 HAYES ST STE - 105 TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 reappointing) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	SVPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEST, PHIL		NAME	Jonathan, MARK YUSERS	
STREET ADDRESS	38 SOUTHFIELD RD		STREET ADDRESS	676 Silvermine ROAD	
CITY-ST-ZIP	FAIRFIELD, CT 06824		CITY-ST-ZIP	New Canaan CT 06840	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN, MICHAEL R		NAME	Sosa, Michael R	
STREET ADDRESS	17 CARRIAGE WAY		STREET ADDRESS	28 Carriage Way	
CITY-ST-ZIP	MILLSTONE TOWNSHIP, NJ 08510		CITY-ST-ZIP	Mililstone Twnshp, NJ 08510	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRUMBECK, DAN		NAME	Simon HURT	
STREET ADDRESS	1322 FULLMEADE		STREET ADDRESS	34 Saddle Rock Rd.	
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP	Stamford CT 06902	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRINGER, EUGENE		NAME		
STREET ADDRESS	3 VANDERBILT PL		STREET ADDRESS		
CITY-ST-ZIP	WOODBIDGE, NJ 07095		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATON, JAMES		NAME		
STREET ADDRESS	39 BLUE MOUNTAIN RD		STREET ADDRESS		
CITY-ST-ZIP	NORWALK, CT 06851		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, MICHAEL J		NAME		
STREET ADDRESS	5 FIELD RD		STREET ADDRESS		
CITY-ST-ZIP	MILFORD, NJ 08848		CITY-ST-ZIP		
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		04/17/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		732 225-9000
					Daytime Phone #