## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#827100**

City-St-Zip: NEWARK, NJ 071022992

Entity Name: PIC REALTY CORPORATION

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
ARBOR C	S DRIVE, 4TH IRCLE SOUTH ANY, NJ 0705	1		
Current Mailing Address:			New Mailing Address:	
8TH FLOC	HINGTON STR OR , NJ 07102	EET		
FEI Number	: 22-1856768	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	l Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:
C/O CT CO 1200 SOU PLANTATI The above	ORATION SYS ORPORATION TH PINE ISLA ION, FL 33324 named entity e of Florida.	I SYSTEM ND RD. I US	ourpose of changing its register	ed office or registered agent, or both,
SIGNATUI	RE:			
	Electron	nic Signature of Registered Ag	ent	Date
Election Car	mpaign Financin	g Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	AC ( PAVLOU, JANII 213 WASHING NEWARK, NJ	TON ST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	PD ( TWARDOCK, I 4 GATEWAY C NEWARK, NJ	ENTER	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP ( NITZ, JOHN G 8 CAMPUS DR PARSIPPANY,		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	VP D ( KENDALL, ELL 2 RAVINE DRIV ATLANTA, GA	/E	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address:	T ( JACOB, BERN, 751 BROAD ST		Title: Name: Address:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JANICE PAVLOU AC 04/30/2008