

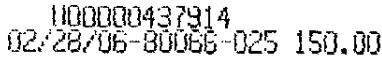
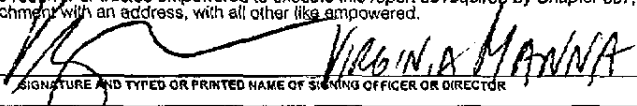


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 829091 1. Entity Name J.B. HANAUER & CO			
Principal Place of Business 4 GATEHALL DR PARSIPPANY, NJ 07054 US		Mailing Address 4 GATEHALL DR PARSIPPANY, NJ 07054 US	
DO NOT WRITE IN THIS SPACE			
		02102006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 22-1847493	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE	
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)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		 DO NOT WRITE IN THIS SPACE	
TITLE	PD		
NAME	ZUCKER, BARRY H.		
STREET ADDRESS	4 GATEHALL DR		
CITY-ST-ZIP	PARSIPPANY, NJ		
TITLE	EVD		
NAME	PLIFKA, GREG		
STREET ADDRESS	4 GATEHALL DR		
CITY-ST-ZIP	PARSIPPANY, NJ		
TITLE	ETD		
NAME	MANNA, VIRGINIA		
STREET ADDRESS	4 GATEHALL DR		
CITY-ST-ZIP	PARSIPPANY, NJ		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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: 		Date: 2/10/06 (973) 829-1000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	