

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT

2002



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 MAY -6 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 838399

1. Corporation Name

Family Center, Inc.

Principal Place of Business

2 PARAGON DRIVE  
ATTN: TAX DEPARTMENT  
MONTVALE NJ 07645

Mailing Address

2 PARAGON DRIVE  
ATTN: TAX DEPARTMENT  
MONTVALE NJ 07645

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

22-2121119

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRES  
NAME Leonard, Francis X  
STREET ADDRESS 2 PARAGON DRIVE  
CITY-ST-ZIP MONTVALE NJ

☒ DELETE

TITLE V.  
NAME Scola, Richard. J.  
STREET ADDRESS 2 PARAGON DRIVE  
CITY-ST-ZIP MONTVALE NJ

☒ DELETE

TITLE AS  
NAME UlrichRobert G.  
STREET ADDRESS 2 PARAGON DRIVE  
CITY-ST-ZIP MONTVALE NJ

☒ DELETE

TITLE V  
NAME Courtney, Timothy J  
STREET ADDRESS 2 PARAGON DRIVE  
CITY-ST-ZIP MONTVALE NJ

☐ DELETE

TITLE V  
NAME Scola, Richard  
STREET ADDRESS 2 PARAGON DRIVE  
CITY-ST-ZIP MONTVALE NJ

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES ☒ Change ☐ Additio

1.2 NAME Smithies, David  
1.3 STREET ADDRESS 2 Paragon Dr. Montvale, NJ 07645

1.4 CITY-ST-ZIP

2.1 TITLE Sr.V ☒ Change ☐ Additio

2.2 NAME William P. Costantini  
2.3 STREET ADDRESS 2 Paragon Dr., Montvale, NJ

2.4 CITY-ST-ZIP

3.1 TITLE AS ☒ Change ☐ Additio

3.2 NAME Richard Scola  
3.3 STREET ADDRESS 2 Paragon Drive  
3.4 CITY-ST-ZIP Montvale, NJ

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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-05/16/02--01036--025

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

\*\*\*\*150.00 \*\*\*\*150.00 ☐ Additio

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Additio

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William P. Costantini

4-25-02

(201) 573-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #