

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

4. FEI Number

22-2121119

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

Yes  No

24

25

29

30

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE: PRES  
1.2 NAME: Smithies, David  
1.3 STREET ADDRESS: 2 Paragon Dr. Montvale, NJ 07645  
1.4 CITY-ST-ZIP:  Change  Additio

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

2.1 TITLE: Sr.V  
2.2 NAME: William P. Costantini  
2.3 STREET ADDRESS: 2 Paragon Dr., Montvale, NJ  
2.4 CITY-ST-ZIP:  Change  Additio

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

3.1 TITLE: AS  
3.2 NAME: Richard Scola  
3.3 STREET ADDRESS: 2 Paragon Drive  
3.4 CITY-ST-ZIP: Montvale, NJ  Change  Additio

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

4.1 TITLE:   
4.2 NAME:   
4.3 STREET ADDRESS: 000005554750--9  
4.4 CITY-ST-ZIP: -05/16/02--01036--025

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

5.1 TITLE:   
5.2 NAME:   
5.3 STREET ADDRESS: \*\*\*\*\*150.00 \*\*\*\*\*150.00  Change  Additio

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:  DELETE

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