



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90009 013 ***150.00

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|---|---|--|--|--|----------------|
| DOCUMENT # 852525 1. Entity Name ZAR CORP. | | | |  | |
| Principal Place of Business 350 BEDFORD STREET STE 370 STAMFORD, CT 06901 US | | | Mailing Address C/O OMNI PARTNERSHIP SERVICES, INC 70 E. 55TH ST -6TH FLR NEW YORK, NY 10022 US | | |
| 2. Principal Place of Business 350 Bedford St. Suite, Apt. #, etc. Suite 307 | | 3. Mailing Address c/o Omni Partnership Svcs. Suite, Apt. #, etc. 747 3rd Ave. - 31st Fl. | |  | |
| City & State Stamford, CT Zip 06901 | | City & State New York, NY Zip 10017 | | 4. FEI Number 13-3065239 | |
| Country USA | | Country USA | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Chg-P CR2E034 (10/03) | |
| 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP | VPS CHAZANOFF, JAY 41 BENEDICT ROAD STATEN ISLAND, NY | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPA DAVIS, DANIEL 747 THRID AVENUE-10TH FLOOR NEW YORK, NY 10017 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 747 3rd Ave. - 10th Fl. | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPA ZISES JAY 477 MADISON AVE-14TH FLOOR NEW YORK, NY 10022 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPA Jay Zises 767 3rd Ave 16th Fl. New York, NY 10017 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPA ZISES, SELIG 988 FIFTH AVENUE NEW YORK, NY 10021 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPAS GOLDBERG, ARTHUR 25 TIDEWAY GREAT NECK, NY 11024 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT ADER RICHARD 1370 AVE OF THE AMERICAS NY, NY | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Jay Zises | | 03/01/04 |
| | | | Date | | (212) 350-9900 |
| | | | Daytime Phone # | | |

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