FILED
Apr 28, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 858017

1. Entity Name
FIRST COMMERCIAL CORP.

Principal Place of Business	Mailing Address
2331 ROUTE 34 WALL TOWNSHIP, NJ 08720	2331 ROUTE 34 WALL TOWNSHIP, NJ 08720

DO NOT WRITE IN THIS SPACE

04272004 No Chg-P CR2E034 (10/03)

4. FEI Number
22-1838186
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHRAMA, ALFRED L
100 LAKESHORE DRIVE
L2
N. PALM BEACH, FL 33408

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHRAMA, ALFRED L.
STREET ADDRESS	100 LAKESHORE DR.
CITY-ST-ZIP	N. PALM BEACH, FL
TITLE	S
NAME	SCHRAMA, ROBERT C.
STREET ADDRESS	650 PRINCETON AVE
CITY-ST-ZIP	BRICKTOWN, NJ
TITLE	TD
NAME	SCHRAMA, DONALD E.
STREET ADDRESS	12 SEA POINT DRIVE
CITY-ST-ZIP	PT. PLEASANT, NJ
TITLE	D
NAME	FORGOSH, PETER A.
STREET ADDRESS	200 CAMPUS DRIVE
CITY-ST-ZIP	FLORHAM PARK, NJ
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000135888
04/28/04-80074-022 150.00

DO NOT WRITE IN THIS SPACE

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: _____ TREASURER 4-27-04 732-223-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #