FILED

## 2001 UNIFORM BUSINESS REPORT (ÜBR)

## Aug 29, 2001 8:00 am Secretary of State F00000005004 DOCUMENT # 1. Entity Name EMBASSY GROUP MANAGEMENT COMPANY 08-29-2001 90008 039 \*\*\*550.00 Principal Place of Business Mailing Address ONE ADP BOULEVARD ONE ADP BOULEVARD ROSELAND NJ 07068 ROSELAND NJ 07068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 36-3923158 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent --7. Name and Address of New Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVENUE TALLAHASSEE FL 32301 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition COLOTTI, RAYMOND L NAME NAME ONE ADP BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROSELAND NJ 07068 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change SINGER, ROBERT J NAME NAME ONE ADP BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROSELAND NJ 07068 CITY-ST-ZIP 👿 Delete TITLE TITLE X Addition KAREN E. DYKSTRA HAVILAND, RICHARD J NAME ONE ADP BLUD STREET ADDRESS ONE ADP BOULEVARD STREET ADDRESS CITY-ST-ZIP **ROSELAND NJ 07068** CITY-ST-ZIP NJ 07068 TITLE ☐ Delete ☐ Addition TITLE ☐ Change Benson, James B NAME ONE ADP BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROSELAND NJ 07068 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MICHAEL REQUIRED STATES OF STATES OF

J. SINGER

8/21/01

974-973-552

Daytime Phone #