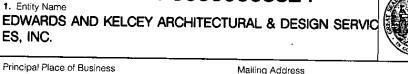
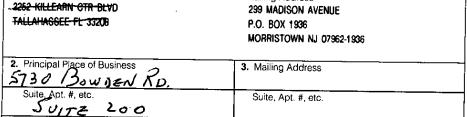
FILED Jan 14, 2003 8:00 am Secretary of State

01-14-2003 90056 009 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

F00000005324 DOCUMENT #







M CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 22-3750310 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent Name OSHESKY, JR., GERALD K Street Address (P.O. Box Number is Not Acceptable) % EDWARDS & KELLEY, INC. 2252 KILLEARN BLVD TALLAHASSEE FL 33208 City

City & State

Zip

| B. | The above named entity submits this statement for the gurrans of the statement | <u> </u> | |
|----|--|---|--------------------------------|
| | The above named entity submits this statement for the purpose of changing its register the obligations of registered agent | red office or registered agent, or both, in the State of Florida. | I am familiar with, and accept |
| | the obligations of registered agent. | , | Tariff and accept |
| | | | |

(NOTE: Registered Agent signature required when reinstating)

Country

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

ス

SIGNATURE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE CFO ☐ Change Addition MCMAHON, KEVIN J NAME NAME THOMAS E BARRY 3 THOMPSON WAY STREET ADDRESS STREET ADDRESS 235 NURTH BEVERWYCH CITY-ST-ZIP MORRIS PLAINS NJ CITY-ST-ZIP PARSIPPANY N.J Delete TITLE NAME GARRITY, KENNETH J NAME STREET ADDRESS 61-HILEY-BROOK-ROAD STREET ADDRESS CITY-ST-ZIP STOW MA CITY-ST-ZIP TITLE ۷D Delete TITLE ☐ Change Addition NAME TANGEL, RICHARD E NAME STREET ADDRESS FEATHERLEIGH ROAD STREET ADDRESS CITY-ST-7IP CONVENT STATION NJ CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME HALLAHAN, RICHARD M NAME STREET ADDRESS 21 TROUT RUN DRIVE STREET ADDRESS CITY-ST-7IP MEDIA PA CITY-ST-7IP TITLE ۷D Delete TITLE Change ☐ Addition NAME CASSAVOY, MICHAEL A NAME STREET ADDRESS **45 OTIS STREET** STREET ADDRESS CITY-ST-ZIP **MELROSE MA** CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition BOUCHARD, PAUL W NAME STREET ADDRESS 1320 BROOKSIDE LANE STREET ADDRESS CITY-ST-ZIP Northbrook Il CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAM