2002 Uniform Business Report (UBR)

Mar 20, 2002 8:00 am \$\frac{8}{2} F00000005451 DOCUMENT # **Secretary of State** 1. Entity Name JSP FOOTWEAR, INC. 03-20-2002 90010 045 ***150.00 Mailing Address Principal Place of Business 55 MAYFIELD AVENUE 55 MAYFIELD AVENUE **EDISON NJ 08837** EDISON NJ 08837 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 22-3180301 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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 \$150.00 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 May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (9/01) TITLE ☐ Delete TITLE LOCONTE, ANTHONY CMISSPELLING) LACONTE, ANTHONY NAME NAME STREET ADDRESS 43 CAROL DRIVE STREET ADDRESS ENGLEWOOD CLIFFS NJ 07632 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAKAGOME, MITSURU NAME STREET ADDRESS 3205 CREST LANE STREET ADDRESS FORT LEE NJ 07024 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TAKADA, MAT NAME NAME STREET ADDRESS STREET ADDRESS 45 BROADWAY, 18TH FLOOR CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10006** ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: _