FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90146 040 ***150.00

DOCUMENT # F00000005869

1. Entity Name
THE TRAF GROUP, INC

B0057261

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
80 WEST UPPER FERRY RD	80 WEST UPPER FERRY RD.
Suite, Apt. #, etc. SUITE 1	Suite, Apt. #, etc. SUITE 1
City & State WEST TRENTON, NJ	City & State WEST TRENTON, NJ
Zip 08628 Country USA	Zip 08628 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-2679497 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

City TALLAHASSEE **FL** Zip Code 32301

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	GENOVAY, PATRICIA	NAME	
STREET ADDRESS	80 WEST UPPER FERRY RD, SUITE 1	STREET ADDRESS	
CITY-ST-ZIP	WEST TRENTON, NJ 08628	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	CANTO, SERA	NAME	
STREET ADDRESS	80 WEST UPPER FERRY RD, SUITE 1	STREET ADDRESS	
CITY-ST-ZIP	WEST TRENTON, NJ 08628	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	TRAINER, RAYMOND	NAME	
STREET ADDRESS	80 WEST UPPER FERRY RD, SUITE 1	STREET ADDRESS	
CITY-ST-ZIP	WEST TRENTON, NJ 08628	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Genovay PATRICIA GENOVAY 3/21/02 609-771-9300 x501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #