2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 11, 2004 8:00 am **Secretary of State** DOCUMENT # F01000000332 1. Entity Name 02-11-2004 90030 004 ***150.00 QUANTITUDE, INC. Principal Place of Business Mailing Address 1 CAMPUS DRIVE 1 CAMPUS DRIVE OPICTORO 3RD FLOOR- LEGAL PARSIPPANY NJ 07054 3RD FLOOR- LEGAL PARSIPPANY NJ 07054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 36-4359335 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. COBD TITLE ☐ Delete TITLE Change ☐ Addition NAME KATZ, SAMUEL L NAME 9 WEST 57TH ST. STREET ADDRESS STREET ADDRESS NEW YORK NY 10019 CITY-ST-ZIP CITY-ST-ZIP Delete TITE F ☐ Change X Addition TITLE Vincent Ventura GALEOTOS, SAM NAME NAME 1 CAMPUS DR. STREET ADDRESS STREET ADDRESS campus Drive arsippany, NJ 07054 CITY-ST-ZIP PARSIPPANY NJ 07054 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE EVP/Director NAME BUCKMAN, JAMES E STREET ADDRESS STREET ADDRESS 9 WEST 57TH ST. CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10019 EVP/Treasurer ☐ Change X Addition Delete TITLE TITLE CUCROFT, DUNCAN H NAME NAME David Wyshner 1 CAMPUS DR. STREET ADDRESS STREET ADDRESS PARSIPPANY NJ 07054 CITY-ST-ZIP CITY-ST-ZIP VPS ☐ Delete TITLE ☐ Change Addition TITLE BOCK, ERIC J NAME NAME 9 WEST 57TH ST. STREET ADDRESS STREET ADDRESS NEW YORK NY 10019 CITY-ST-ZIP CITY-ST-ZIP VPTA ☐ Change Addition TITLE ☐ Delete TITLE HUBER, JOSEPH NAME NAME 1 CAMPUS DR. STREET ADDRESS STREET ADDRESS PARSIPPANY NJ 07054 CITY-ST-ZIP 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.

FILED

SIGNATURE: Desplace Jaloy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deviling Phone #