

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90501 001 ***150.00

DOCUMENT # F01000000332

1. Entity Name
QUANTITUDE, INC.



Principal Place of Business
**11551 ARAPAHOE EAST
ENGLEWOOD CO 80112-3825**

Mailing Address
**1 CAMPUS DR.
3RD FLOOR-LEGAL
PARSIPPANY NJ 07054**



2. Principal Place of Business

3. Mailing Address

1 Campus Drive

1 Campus Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3rd Floor- Legal

3rd Floor- Legal

City & State

City & State

Parsippany, NJ

Parsippany

Zip

Country

Zip

Country

07054

USA

07054

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **36-4359335**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

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

City

FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COBD
KATZ, SAMUEL L
9 WEST 57TH ST.
NEW YORK NY 10019** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLER, MARK E
1 CAMPUS DR.
PARSIPPANY NJ 07054** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director, President
Sam Galeotos
1 Campus Drive
Parsippany, NJ 07054** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
BUCKMAN, JAMES E
9 WEST 57TH ST.
NEW YORK NY 10019** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPT
CUCROFT, DUNCAN H
1 CAMPUS DR.
PARSIPPANY NJ 07054** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
BOCK, ERIC J
9 WEST 57TH ST.
NEW YORK NY 10019** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPTA
HUBER, JOSEPH
1 CAMPUS DR.
PARSIPPANY NJ 07054** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED

Joseph Huber- VP

2/24/03 (973) 428-9700

Date

Daytime Phone #

CR2E034 (10/02)