2004 FOR PROFIT CORPORATION

ANNUAL REPORT

Jan 20, 2004 8:00 am Secretary of State **DOCUMENT # F01000002195** 01-20-2004 90042 001 ***150 00 CHERRYROAD TECHNOLOGIES INC. Principal Place of Business Mailing Address 199 CHERRY HILL RD 199 CHERRY HILL RD PARSIPPANY, NJ 07054 PARSIPPANY, NJ 07054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 22-2422137 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GULBAN, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 925 LAKÉ WYMAN RD **BOCA RATON, FL 33431** 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CEO /CHAIRMAN /DIRECTOR TITLE ☐ Delete TITLE Change : **GULBAN, MICHAEL** NAME 925 LAKE WYMAN RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP ☐ Delete TITLE Change Addition GULBAN, ANN M. MAME STREET ADDRESS 4 HEMLOCK DRIVE STREET ADDRESS DENVILLE, NJ CITY-ST-ZIP CITY-ST-ZIP

CITY-ST-ZP PARS I PARS I DAY NOT 07054

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.

TITLE

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STREET ADDRESS CITY-ST-ZIP

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CITY-ST-ZIP

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HIRSCH, NANCY

PRESIDENT

THOMAS FERRANDO

199 CHERRY HILL ROAD

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

LUBIN, NANCY

JELEN, CHET

MAHWAH, NJ

BAKER, ED

PARSIPPANY, NJ

83 WALSH DRIVE

540 MADISON AVE.

NEW YORK, NY

199 CHERRY HILL RD

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