

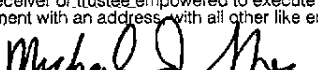


**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000003180</b> 1. Entity Name CHIMES, INC.				<b>Jan 18, 2005 08:00 A</b> <b>Secretary of State</b>	
Principal Place of Business 49 OLD BLOOMFIELD AVE. MOUNTAIN LAKES, NJ 07046-1495		Mailing Address 49 OLD BLOOMFIELD AVE. MOUNTAIN LAKES, NJ 07046-1495			
<b>DO NOT WRITE IN THIS SPACE</b>				01052005    No Chg-P    CR2E034 (10/03)	
				4. FEI Number 22-3717069	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD OLSON, BARRY D 54 CORPORATE DRIVE - SUITE 306 TROY, MI 48098			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VS MURPHY, WILLIAM J 49 OLD BLOOMFIELD AVE. MOUNTAIN LAKES, NJ 070461495			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VCFO SHEA, MICHAEL J 49 OLD BLOOMFIELD AVE. MOUNTAIN, NJ 070461495			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS 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.					
SIGNATURE: 		VP & CFO		1/13/05    973-299-4000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	