

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90030 006 \*\*\*150.00

**DOCUMENT # F01000003181**

1. Entity Name

QUANTITUDE SERVICES, INC.



Principal Place of Business

1 CAMPUS DRIVE  
3RD FLOOR-LEGAL  
PARSIPPANY NJ 07054

Mailing Address

1 CAMPUS DRIVE  
3RD FLOOR-LEGAL  
PARSIPPANY NJ 07054

2. Principal Place of Business

1 Campus Drive  
Suite, Apt. #, etc.

3rd Floor - Legal  
City & State

Parsippany, NJ

Zip 07054 Country USA

3. Mailing Address

1 Campus Drive  
Suite, Apt. #, etc.

3rd Floor - Legal  
City & State

Parsippany, NJ

Zip 07054 Country USA



MOORE

CR2E034 (11/03)

4. FEI Number

36-4444070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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, 2004 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

TITLE	DCOB	<input type="checkbox"/> Delete
NAME	KATZ, SAMUEL L	
STREET ADDRESS	9 W 57TH ST	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GALEOTOS, SAM	
STREET ADDRESS	1 CAMPUS DRIVE	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	COCOTT, DUNCAN H	
STREET ADDRESS	1 CAMPUS DRIVE	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	SEVP	<input type="checkbox"/> Delete
NAME	BOCK, ERIC J	
STREET ADDRESS	9 W 57TH STREET	
CITY-ST-ZIP	NY NY 10019	
TITLE	V	<input type="checkbox"/> Delete
NAME	HUBER, JOSEPH R	
STREET ADDRESS	1 CAMPUS DRIVE	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director/President/	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James E. Buckman	
STREET ADDRESS	9 West 57th Street	
CITY-ST-ZIP	New York, NY 10019	
TITLE	Treasurer/EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Wyshner	
STREET ADDRESS	1 Campus Drive	
CITY-ST-ZIP	Parsippany, NJ 07054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:**

*Joseph Huber*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Huber 2/2/04

Date

Daytime Phone #