

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-03-2003 90501 048 \*\*\*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**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**1 Campus Drive**

3. Mailing Address  
**1 Campus Drive**

Suite, Apt. #, etc.  
**3rd Floor - Legal**

Suite, Apt. #, etc.  
**3rd Floor - Legal**

City & State  
**Parsippany, NJ**

City & State  
**Parsippany, NJ**

Zip  
**07054**

Zip  
**07054**

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, 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**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VT  
COCOTT, DUNCAN H  
1 CAMPUS DRIVE  
PARSIPPANY NJ 07054** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SV  
BOCK, ERIC J  
9 W 57TH STREET  
NY NY 10019** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
HUBER, JOSEPH R  
1 CAMPUS DRIVE  
PARSIPPANY NJ 07054** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary, EVP** ☒ Change ☐ Addition

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

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** **2/14/03 (973) 428-9700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)