

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F01000003531

FILED
Oct 24, 2005
Secretary of State

Entity Name: CLIVE SAMUELS AND ASSOCIATES, INC.

Current Principal Place of Business:

105 COLLEGE ROAD
PRINCETON, NJ 08540

New Principal Place of Business:

Current Mailing Address:

105 COLLEGE ROAD
PRINCETON, NJ 08540

New Mailing Address:

1675 W CAMPBELL RD
P O BOX 669
SIDNEY, OH 45365-066

FEI Number: 22-2348780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: RAY J WEBER, CPA (SR TAX ANALYST)

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAMUELS, CLIVE
Address: 6 WINDERMERE WAY
City-St-Zip: PRINCETON, NJ 08540

Title: VP () Delete
Name: SAMULES, ALLAN VP
Address: 32 EAGLE FARMS ROAD
City-St-Zip: NEWTOWN, PA 18940

Title: VP () Delete
Name: MOON, DAVID VP
Address: 16980 RIVERDALE DRIVE
City-St-Zip: CHESTERFIELD, MO 63017

Title: TRE () Delete
Name: RABE, DAVID TRE
Address: 1863 OXBOROUGH COURT
City-St-Zip: CHESTERFIELD, MO 63017

Title: SEC () Delete
Name: SMITH, HARLEY M SEC
Address: 7025 WASHINGTON AVE
City-St-Zip: ST. LOUIS, MO 63130

Title: VP () Delete
Name: PURVIS, ED M VP
Address: 2797 MERRIMONT DRIVE
City-St-Zip: TROY, OH 45373

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAY J WEBER

CPA

10/24/2005

Electronic Signature of Signing Officer or Director

Date