

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90004 010 ***550.00

DOCUMENT # F01000004057

1. Entity Name
CHOMP INC.

Principal Place of Business

**4 HUMBOLDT STREET
 CAMBRIDGE MA 02140**

Mailing Address

**4 HUMBOLDT STREET
 CAMBRIDGE MA 02140**

2. Principal Place of Business

74 Main Street

3. Mailing Address

P.O. Box 565

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lebanon NJ

City & State

Lebanon NJ

4. FEI Number

04-3481067

Applied For

Not Applicable

Zip

08833

Country

USA

Zip

08833

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DRASNER, JACK
 5393 BAYWATER DRIVE
 TAMPA FL 33615**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
 After September 13, 2002 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **SPEARE, SARAH**
 STREET ADDRESS **13 ANDERSON DRIVE**
 CITY-ST-ZIP **FALMOUTH ME 04105**

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

TITLE **TSD** ☐ Delete
 NAME **LUTYENS, LESLEY**
 STREET ADDRESS **4 HUMBOLDT STREET**
 CITY-ST-ZIP **CAMBRIDGE MA 02140**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **115 Holworthy St**
 CITY-ST-ZIP **Cambridge, MA 02140**

TITLE **D** ☐ Delete
 NAME **PUTNAM, SANDY**
 STREET ADDRESS **FAR HILLS CENTER 3RD FLOOR**
 CITY-ST-ZIP **FAR HILLS NJ 07034**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **74 Main Street**
 CITY-ST-ZIP **Lebanon, NJ 08833-0565**

TITLE **D** ☐ Delete
 NAME **Forden, Kent**
 STREET ADDRESS **74 Main Street**
 CITY-ST-ZIP **Lebanon, NJ 08833**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/02

Date

(908)437-0360

Daytime Phone #

CR2E034 (4/02)