


1368 900.00 700950 ANR05

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F02000000640 1. Entity Name FEET HQ, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 JUN 21 AM 9:12	
Principal Place of Business ONE CROSFIELD AVENUE WEST NYACK, NY 10994				Mailing Address ONE CROSFIELD AVENUE WEST NYACK, NY 10994			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip / Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip / Country			
4. FEI Number 22-3844063				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <u>Cynthia L. Harris</u> <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: center;"> Cynthia L. Harris as its agent </div> <div style="width: 20%; text-align: right;"> <u>6/9/05</u> <small>DATE</small> </div> </div>							
FILE NOW!!! FEE IS \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input checked="" type="checkbox"/> Delete GORDON, JEFFREY A	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRESIDENT Maureen Richards		
STREET ADDRESS		90 MCKEE DRIVE	STREET ADDRESS		933 MacARTHUR BLVD., MAHWAH, NJ 07430		
CITY-ST-ZIP		MAWAH, NJ 07430	CITY-ST-ZIP				
TITLE	V	<input checked="" type="checkbox"/> Delete WYNNE, SCOTT	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VICE PRESIDENT		
STREET ADDRESS		90 MCKEE DRIVE	STREET ADDRESS		Timothy Garahan		
CITY-ST-ZIP		MAWAH, NJ 07430	CITY-ST-ZIP		67 MILLBROOK ST, WORCESTER, MA 01608		
TITLE	V	<input checked="" type="checkbox"/> Delete FINK, MARTIN	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY		
STREET ADDRESS		90 MCKEE DRIVE	STREET ADDRESS		Michael Lynch		
CITY-ST-ZIP		MAWAH, NJ 07430	CITY-ST-ZIP		933 MacARTHUR BLVD., MAHWAH, NJ 07430		
TITLE	V	<input checked="" type="checkbox"/> Delete DOAN, BRENT	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TREASURER		
STREET ADDRESS		90 MCKEE DRIVE	STREET ADDRESS		VINCENT ZANNA		
CITY-ST-ZIP		MAWAH, NJ 07430	CITY-ST-ZIP		933 MacARTHUR BLVD., MAHWAH, NJ 07430		
TITLE	V	<input checked="" type="checkbox"/> Delete GUINNESSY, KATHLEEN	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition 000056505770		
STREET ADDRESS		90 MCKEE DRIVE	STREET ADDRESS		06/24/05--01027--006 **900.00		
CITY-ST-ZIP		MAWAH, NJ 07430	CITY-ST-ZIP				
TITLE	V	<input checked="" type="checkbox"/> Delete HARMON, DAVID	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		90 MCKEE DRIVE	STREET ADDRESS				
CITY-ST-ZIP		MAWAH, NJ 07430	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 reports 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: <u>Timothy Garahan</u>		TIMOTHY GARAHAN		MAY - 4 2005			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		VICE PRESIDENT		Date Daytime Phone #			