2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
04 MAY -7 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000001336

1. Entity Name

EQUIPMENT PROTECTION INSURANCE CENTER, INC.

Principal Place of Business	Mailing Address
1 CIT DR. LIVINGSTON NJ 07039	1 CIT DR. LIVINGSTON NJ 07039

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 1320-1
City & State	City & State LIVINGSTON, NJ
Zip / Country	Zip / Country 07039 / US

4. FEI Number 58-2657065 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) 900095752239 05/07/04--01047--001 **3250.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ALMOND, KAREN 207 QUEENS QUAY WEST, STE. 700 TORONTO ONTARIO CANADA M5J1A-7	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D INGATO, ROBERT J 1 CIT DR. LIVINGSTON NJ 07039	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP SALISBURY, STEVEN J 1 CIT DR. LIVINGSTON NJ 07039	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP LACKO, ALAN J 1 CIT DR. LIVINGSTON NJ 07039	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ERIC S. MANDELBAUM 1 CIT DRIVE LIVINGSTON, NJ 07039 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LOOKKIN, ANDERSON P 207 QUEENS QUAY WEST, STE. 700 TORONTO ONTARIO CANADA M5J1A-7	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GLEN A VOTEK 1 CIT DRIVE LIVINGSTON, NJ 07039 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NASSANEY, KATHLEEN 1 CIT DR. LIVINGSTON NJ 07039	☒ Delete	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: _____ STEVEN J. SALISBURY 4/30/04 973-535-3747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #