

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90234 007 ***150.00

DOCUMENT # F04000001138

1. Entity Name

CHASE VENTURES HOLDINGS, INC.



Principal Place of Business

194 WOOD AVE SOUTH
EDISON, NJ 08837

Mailing Address

194 WOOD AVE SOUTH
EDISON, NJ 08837

ATT: NIKKI Jordan

50017026



04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-3989402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BARBER, SUSAN
STREET ADDRESS 194 WOOD AVENUE SOUTH
CITY-ST-ZIP ISELIN, NJ 08830

TITLE VP
NAME SMITH, DESMOND
STREET ADDRESS 194 WOOD AVENUE SOUTH
CITY-ST-ZIP ISELIN, NJ 08830

TITLE S
NAME BERRY, JAMES
STREET ADDRESS 270 PARK AVENUE
CITY-ST-ZIP NEW YORK, NY 10017

TITLE T
NAME BARREN, JOHN
STREET ADDRESS 3915 VISION DRIVE
CITY-ST-ZIP COLUMBUS, OH 43219

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nikki Jordan Asst. VP - Chase Ventures Holdings
4/24/06 732-452-8349

ATTACHMENT
50013026
#F0400009138
CHASE 

Nikki Jordan
Assistant Vice President
194 Wood Avenue South, 2nd Floor
Iselin, New Jersey 08830
Tel #: (732) 452-8349
Fax #: (732) 452-8034

April 24, 2006

State of Florida
Division of Corporations
Clifton Building
2662 Executive Center Circle
Tallahassee, Florida 32301

RE: Chase Ventures Holdings, Inc.

Dear Sir/Madam:


Enclosed please find a completed Annual Report and check No. 4165376 in the amount of \$150.00 for the entity referenced above.

To ensure timely receipt of future correspondence, please amend your records to reflect this address as the mailing address:

Nikki Jordan
Chase Ventures Holdings, Inc..
194 Wood Avenue South - 2nd Floor
Iselin, NJ 08830

Should you have any questions or require additional information, I can be reached at (732) 452-8349.

Sincerely,


Nikki Jordan
Asst. Vice President/Licensing Officer