

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004755

FILED
Apr 18, 2008
Secretary of State

Entity Name: CAPACITY COVERAGE COMPANY OF NEW JERSEY, INC.

Current Principal Place of Business:

1 INTERNATIONAL BLVD
MAHWAH, NJ 07495

New Principal Place of Business:

Current Mailing Address:

1 INTERNATIONAL BLVD
MAHWAH, NJ 07495

New Mailing Address:

FEI Number: 22-2340117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATCH, JOHN
1267 BERKSHIRE LA SUITE 200
TARPON SPRINGS, FL 37688 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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: WEINRAUB, MARK
Address: 1 INTERNATIONAL BLVD
City-St-Zip: MAHWAH, NJ 07495

Title: DEVP () Delete
Name: BERGSTEIN, JAY
Address: 1 INTERNATIONAL BLVD
City-St-Zip: MAHWAH, NJ 07495

Title: DEVP () Delete
Name: BERGSTEIN, RON
Address: 1 INTERNATIONAL BLVD
City-St-Zip: MAHWAH, NJ 07495

Title: P () Delete
Name: LULL, ROBERT
Address: 1 INTERNATIONAL BLVD
City-St-Zip: MAHWAH, NJ 07495

Title: S () Delete
Name: GERSON, CARL
Address: 1 INTERNATIONAL BLVD
City-St-Zip: MAHWAH, NJ 07495

Title: T () Delete
Name: LULL, ROBERT
Address: 1 INTERNATIONAL BLVD
City-St-Zip: MAHWAH, NJ 07495

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 exemption stated 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 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: CARL GERSON

SECR

04/18/2008

Electronic Signature of Signing Officer or Director

Date