

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005339

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: EQUINOX MANAGEMENT GROUP, INC.

## Current Principal Place of Business:

800 KINDERKAMACK ROAD  
ORADELL, NJ 07649

## New Principal Place of Business:

800 KINDERKAMACK ROAD  
302  
ORADELL, NJ 07649

## Current Mailing Address:

800 KINDERKAMACK ROAD  
ORADELL, NJ 07649

## New Mailing Address:

800 KINDERKAMACK ROAD  
302  
ORADELL, NJ 07649

FEI Number: 22-3272366

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HATCH, JOHN D ESQ  
1267 BERSHIRE LANE SUITE 200  
TARPON SPRINGS, FL 34688 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: CEOP ( ) Delete  
Name: WHALEN, SUZANNE  
Address: 43 GOODWIN TERRACE  
City-St-Zip: WESTWOOD, NJ 07675

Title: D ( ) Delete  
Name: WHALEN, SUZANNE  
Address: 43 GOODWIN TERRACE  
City-St-Zip: WESTWOOD, NJ 07675

Title: DVPS ( ) Delete  
Name: LEYS, KEVIN  
Address: 310 SPIER AVENUE  
City-St-Zip: ALLENHURST, NJ 07711

Title: D ( ) Delete  
Name: CHADWICK, HARRY A  
Address: 34 PHILLY RUN DRIVE  
City-St-Zip: WEAVERVILLE, NC 28787

Title: T ( ) Delete  
Name: GONZALES, CONRAD  
Address: 104 EAST SLOPE ROAD  
City-St-Zip: MAHWAH, NJ 07430

Title: SVP ( ) Delete  
Name: FORMAN, DANA  
Address: 48 RANDOLPH DRIVE  
City-St-Zip: DIX HILL, NY 11746

## 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: KEVIN H. LEYS

DVP

01/05/2009

Electronic Signature of Signing Officer or Director

Date