


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # F0700000062

1. Entity Name
SUDLER MANAGEMENT CORP.



Principal Place of Business Mailing Address

% DAVID SILVER, ESQ.
75 EISENHOWER PARKWAY
ROSELAND, NJ 07068

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75 EISENHOWER PARKWAY
ROSELAND, NJ 07068



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8060055

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CHRM
NAME	SUDLER, PETER D
STREET ADDRESS	300 INTERPACE PARKWAY BUILDING C
CITY-ST-ZIP	PARSIPPANY, NJ 07054
TITLE	P
NAME	SUDLER, PETER D
STREET ADDRESS	300 INTERPACE PARKWAY BUILDING C
CITY-ST-ZIP	PARSIPPANY, NJ 07054
TITLE	ST
NAME	SUDLER, EILEEN F
STREET ADDRESS	300 INTERPACE PARKWAY BUILDING C
CITY-ST-ZIP	PARSIPPANY, NJ 07054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

1100000739390
 01/23/08-80017-005-150.00

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 # _____