

14767
2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

\$150

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90392 003 ***150.00

AV0000191 AV

DOCUMENT # F81456

1. Entity Name

MELDISCO K-M CALLAWAY, FLA., INC.



Principal Place of Business

**225 S. TYNDALL PKWY.
 CALLOWAY FL 32401
 US**

Mailing Address

**933 MACARTHUR BLVD.
 MAHWAH NJ 07430**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-2403259

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

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, 2003 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	<input type="checkbox"/> Delete
NAME	P. SHEPARD, JEFFREY
STREET ADDRESS	933 MACARTHUR BLVD.
CITY-ST-ZIP	MAHWAH NJ
TITLE	<input type="checkbox"/> Delete
NAME	V PROFFITT, RANDALL S
STREET ADDRESS	933 MACARTHUR BLVD.
CITY-ST-ZIP	MAHWAH NJ
TITLE	<input type="checkbox"/> Delete
NAME	T GUINNESSY, KATHLEEN
STREET ADDRESS	933 MACARTHUR BLVD.
CITY-ST-ZIP	MAHWAH NJ 07430
TITLE	<input type="checkbox"/> Delete
NAME	S RICHARDS, MAUREEN
STREET ADDRESS	933 MACARTHUR BLVD
CITY-ST-ZIP	MAHWAH NJ
TITLE	<input type="checkbox"/> Delete
NAME	AT BAUMLIN, THOMAS
STREET ADDRESS	933 MACARTHUR BLVD.
CITY-ST-ZIP	MAHWAH NJ 07430
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Schilling 4/2/03 (845) 727-6577

Date

Daytime Phone #

CR2E034 (10/02)