

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F88812

Entity Name: MIP, INC.

FILED  
Oct 22, 2009  
Secretary of State

## Current Principal Place of Business:

ONE LETHBRIDGE PLAZA  
SUITE 30  
MAHWAH, NJ 07430 US

## New Principal Place of Business:

## Current Mailing Address:

ONE LETHBRIDGE PLAZA  
SUITE 30  
MAHWAH, NJ 07430 US

## New Mailing Address:

FEI Number: 59-2207360

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CIOFFI, JAMES A. ESQ.  
250 TEQUESTA DRIVE, SUITE #200  
TEQUESTA, FL 33469 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: JAMES A. CIOFFI

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BOTZ, WILLIAM A.  
Address: ONE LETHBRIDGE PLAZA  
City-St-Zip: MAHWAH, NJ 07430

Title: VDS ( ) Delete  
Name: WILLIAMSON, JR, WILLIAM  
Address: ONE LETHBRIDGE PLAZA  
City-St-Zip: MAHWAH, NJ 07430

Title: VTD ( ) Delete  
Name: BOMMER, STEPHEN K  
Address: ONE LETHBRIDGE PLAZA  
City-St-Zip: MAHWAH, NJ 07430

## 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:

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: WILLIAM A. BOTZ

PD

10/22/2009

Electronic Signature of Signing Officer or Director

Date