

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90009 004 ***150.00

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1. Entity Name

S. D. SHEPHERD SYSTEMS, INC.



Principal Place of Business

1 CAMPUS DRIVE
PARSIPPANY NJ 07054

Mailing Address

1 CAMPUS DRIVE
PARSIPPANY NJ 07054

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

76-0213055

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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, 2004 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

TITLE EVPT ☒ Delete
NAME COCROFT, DUNCAN H
STREET ADDRESS 1 CAMPUS DRIVE
CITY-ST-ZIP PARSEPPANY NJ 07054

TITLE D ☐ Delete
NAME KATZ, SAMUEL L
STREET ADDRESS 9 WEST 57TH ST 37TH FLOOR
CITY-ST-ZIP NEW YORK NY 10019

TITLE SVPS ☐ Delete
NAME BOCK, ERIC J
STREET ADDRESS 9 WEST 57TH ST 37TH FLOOR
CITY-ST-ZIP NEW YORK NY 10019

TITLE VPT ☐ Delete
NAME HUBER, JOSEPH
STREET ADDRESS 1 CAMPUS DRIVE
CITY-ST-ZIP PARSEPPANY NJ 07054

TITLE EVP ☐ Delete
NAME BUCKMAN, JAMES E
STREET ADDRESS 9 WEST 57TH ST 37TH FLOOR
CITY-ST-ZIP NEW YORK NY 10019

TITLE SVP ☐ Delete
NAME VENTURA, VINCENT
STREET ADDRESS 1 CAMPUS DRIVE
CITY-ST-ZIP PARSEPPANY NJ 07054

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE EVP/Treasurer ☐ Change ☒ Addition
NAME David Wyshner
STREET ADDRESS 1 Campus Drive
CITY-ST-ZIP Parsippany, NJ 07054

TITLE COB/director ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Joseph Huber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Huber

2/2/04
Date

Daytime Phone #