

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F93000001828

1. Entity Name  
NATIONAL DISTRIBUTION CENTERS OF DELAWARE,  
INC.



FILED

2008 JAN 15 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
71 WEST PARK AVENUE  
VINELAND, NJ 08360

Mailing Address  
71 WEST PARK AVENUE  
VINELAND, NJ 08360

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 01032008 REIN-P CR2E098(1/07)-08

4. FEI Number

22-3195748

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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 \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	VOGEL, JAMES	
STREET ADDRESS	71 W PARK AVE	
CITY-ST-ZIP	VINELAND, NJ 08360	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BROWN, BERNARD	
STREET ADDRESS	71 WEST PARK AVENUE	
CITY-ST-ZIP	VINELAND, NJ 08360	
TITLE	VPCF	<input checked="" type="checkbox"/> Delete
NAME	SZEKER, ERNEST	
STREET ADDRESS	71 WEST PARK AVENUE	
CITY-ST-ZIP	VINELAND, NJ	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	KENDALL, BERNICE	
STREET ADDRESS	71 WEST PARK AVENUE	
CITY-ST-ZIP	VINELAND, NJ 08360	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, SIDNEY	
STREET ADDRESS	71 WEST PARK AVENUE	
CITY-ST-ZIP	VINELAND, NJ	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROEDER, JOSEPH	
STREET ADDRESS	1515 BURNETT MILL ROAD	
CITY-ST-ZIP	CHERRY HILL, NJ 08003	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400115196484	
CITY-ST-ZIP	01/15/08--01034--015 **308.75	
TITLE	EXECUTIVE VICE-PRESIDENT / CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASCHKEA, FRANK	
STREET ADDRESS	71 WEST PARK AVENUE	
CITY-ST-ZIP	VINELAND, NJ 08360	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, KATHY	
STREET ADDRESS	71 WEST PARK AVENUE	
CITY-ST-ZIP	VINELAND, NJ 08360	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, JEFF	
STREET ADDRESS	71 WEST PARK AVENUE	
CITY-ST-ZIP	VINELAND, NJ 08360	

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

EXECUTIVE VICE-PRES / CFO

01-03-08

856-7941-4730

Date: 01-03-08