2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# F93000005124

Entity Name: QUARTX FLEET MANAGEMENT, INC.

Current Principal Place of Business:

300 CENTRE POINTE DRIVE
VIRGINIA BEACH, VA 23462

New Principal Place of Business:

Current Mailing Address:

6 SYLVAN WAY
PARSIPPANY, NY 07054

New Mailing Address:

FEI Number: 51-0351151 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FIGUEROA, ORLANDO
Address: 48 WALL STREET
City-St-Zip: NEW YORK, NY 10005

Title: EVPD ( ) Delete
Name: WYSHNER, DAVID B
Address: 6 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: D ( ) Delete
Name: NELSON, RONALD L
Address: 6 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: SVP ( ) Delete
Name: BLASKEY, DAVID D
Address: 6 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: VP ( ) Delete
Name: SOLOMON, ANDREW
Address: 6 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: AS ( ) Delete
Name: GALLAGHER, PAUL
Address: 6 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FIGUEROA, ORLANDO
Address: 48 WALL STREET, 27TH FL
City-St-Zip: NEW YORK, NY 10005

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change ( ) Addition
Name: GOODWIN, BRYAN
Address: 6 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: VP (X) Change ( ) Addition
Name: FERRARO, JOE
Address: 6 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054

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: BRYAN GOODWIN AS 04/27/2009

Electronic Signature of Signing Officer or Director — Date