03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 15 AM 7: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900016063929
04/15/03--01029--007 **150.00

DOCUMENT # F93000005124

1. Entity Name
Quartx Fleet Management

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1209 Orange St.
Suite, Apt. #, etc.

3. Mailing Address
1 Campus Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: Wilmington, DE
Zip: 19801 Country: USA

City & State: Parsippany, NJ
Zip: 07054 Country: USA

4. FEI Number: 51-0351151
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd.

City: Plantation FL Zip Code: 33324

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	President/Director
NAME	Domenic Borriello
STREET ADDRESS	1209 Orange St.
CITY-ST-ZIP	Wilmington, DE 19801
TITLE	Vice President
NAME	Joseph Huber
STREET ADDRESS	1 Campus Drive
CITY-ST-ZIP	Parsippany, NJ 07054
TITLE	Secretary/Director
NAME	A.M. Horne
STREET ADDRESS	1209 Orange St.
CITY-ST-ZIP	Wilmington, DE 19801
TITLE	Treasurer/Director
NAME	Kim E. Lutthans
STREET ADDRESS	1209 Orange St.
CITY-ST-ZIP	Wilmington, DE 19801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Huber 4/8/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/16