## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **F93000005556** May 04, 2000 8:00 am Secretary of State LOUIS BERGER & ASSOCIATES, INC. 05-04-2000 90174 044 \*\*\*150.00 Principal Place of Business Mailing Address 100 HALSTED STREET 100 HALSTED STREET EAST ORANGE NJ 07018-2612 EAST ORANGE NJ 07019-0270 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 22-1966254 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARANTZ, LEON A Street Address (P.O. Box Number is Not Acceptable) 2580 SOUTH OCEAN BLVD. SUITE 1-B-3 PALM BEACH FL 33480 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE TITLE ☐ Delete POLK, PETER A. NAME NAME STREET ADDRESS STREET ADDRESS 10120 HIGH HILL COURT CITY-ST-ZIP CITY-ST-ZIP GREAT FALLS VA ☐ Addition ☐ Change ☐ Delete TITLE TITLE QUINN, PAT M NAME 3 WALTER HOUP COURT N.E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP WASHINGTON DC Change ☐ Addition TITLE ☐ Delete TITLE PEARLSON, PAUL A NAME NAME STREET ADDRESS STREET ADDRESS 235 HILLSIDE AVE CITY-ST-ZIP LIVINGSTON NJ 07039 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete WOLFF, DERISH M NAME NAME STREET ADDRESS STREET ADDRESS 160-3 JOCKEY HOLLOW RD. CITY-ST-ZIP CITY-ST-ZIP BERNARDSVILLE NJ ☐ Change Addition ☐ Delete TITLE TITLE BERGER, FREDRIC S NAME NAME STREET ADDRESS STREET ADDRESS 7729 BROOKVILLE RD. CITY-ST-ZIP CITY-ST-ZIP CHEVY CHASE MD ☐ Change \_\_\_ Addition ☑ Delete TITLE TITLE NAME WECK, THOMAS L. NAME STREET ADDRESS STREET ADDRESS 9 BEVERLY ROAD CITY-ST-ZIP CITY-ST-ZIP MADISON NJ 13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TOTAL PER RUSON

BIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR