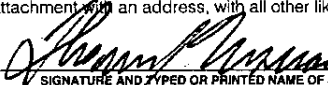


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90040 003 ***150.00

DOCUMENT # F94000000090 1. Entity Name COMSTOCK, INC.					
Principal Place of Business 600 MAMARONECK AVE. 5TH FLOOR HARRISON, NY 10528			Mailing Address 100 EXECUTIVE DRIVE SUITE 335 WEST ORANGE, NJ 07052		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip			Country		
4. FEI Number 13-1933933			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CLARK, STUART 22 CROSBY DRIVE BEDFORD, MA 01730	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Thomas J. Nisivoccia 100 Executive Drive Ste 335 West Orange NJ 07052	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCF CRANE, STEVEN G 22 CROSBY DRIVE BEDFORD, MA 01730	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGC LOEW, ANDREA H 22 CROSBY DRIVE BEDFORD, MA 01730	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNIL, DANIEL 600 MAMARONECK AVENUE HARRISON, NY 10528	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Connell, Daniel	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEPSWERTH, MARK 600 MAMARONECK AVENUE HARRISON, NY 10528	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hepsworth, Mark	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCKMAN, DAVID 600 MAMARONECK AVENUE HARRISON, NY 10528	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brukman, David	☒ Change ☐ Addition
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: 			Thomas J. Nisivoccia 2-18-04 (973) 736-5421		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

54009733



01272004 Chg-P CR2E034 (10/03)