2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State
02-23-2004 90040 003 ***150.00

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1. Entity Name
COMSTOCK, INC.

54009733

Principal Place of Business	Mailing Address
600 MAMARONECK AVE. 5TH FLOOR HARRISON, NY 10528	100 EXECUTIVE DRIVE SUITE 335 WEST ORANGE, NJ 07052

01272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	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	7. Name and Address of New Registered Agent
CT 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 $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 CONNCIL, 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 #