2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000000090

1. Entity Name
COMSTOCK, INC.

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

DO NOT WRITE IN THIS SPACE

01242005 No Chg-P CR2E034 (10/03)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	CLARK, STUART
STREET ADDRESS	22 CROSBY DRIVE
CITY-ST-ZIP	BEDFORD, MA 01730
TITLE	VPCF
NAME	CRANE, STEVEN G
STREET ADDRESS	22 CROSBY DRIVE
CITY-ST-ZIP	BEDFORD, MA 01730
TITLE	VPGC
NAME	LOEW, ANDREA H
STREET ADDRESS	22 CROSBY DRIVE
CITY-ST-ZIP	BEDFORD, MA 01730
TITLE	D
NAME	CONNELL, DANIEL
STREET ADDRESS	600 MAMARONECK AVENUE
CITY-ST-ZIP	HARRISON, NY 10528
TITLE	D
NAME	HEPSWORTH, MARK
STREET ADDRESS	600 MAMARONECK AVENUE
CITY-ST-ZIP	HARRISON, NY 10528
TITLE	AS
NAME	NISIVOCCIA, THOMAS J
STREET ADDRESS	100 EXECUTIVE DR STE 335
CITY-ST-ZIP	WEST ORANGE, NJ 07052

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03/25/05-80003-006 150.00

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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 3/24/05 973-736-5401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #