

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 20 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F94000002556 (8)**

1. Corporation Name  
**METRO IRB, INC.**

Principal Place of Business  
**520 BROAD STREET  
NEWARK NJ 07102**

Mailing Address  
**520 BROAD STREET  
NEWARK NJ 07102-3111**

3. Date Incorporated or Qualified  
**05/17/1994**

3a. Date of Last Report  
**03/11/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number  
**22-3282834**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1311 EXECUTIVE CENTER DRIVE  
SUITE 200  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature of current registered agent and filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RYAN, MICHAEL S	
STREET ADDRESS	520 BROAD STREET	
CITY-STATE-ZIP	NEWARK NJ 07102	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MAHONY, MARK	
STREET ADDRESS	520 BROAD STREET	
CITY-STATE-ZIP	NEWARK NJ 07102	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MARTIN, THOMAS L	
STREET ADDRESS	520 BROAD STREET	
CITY-STATE-ZIP	NEWARK NJ 07102	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	MORGAN, THOMAS	
STREET ADDRESS	520 BROAD STREET	
CITY-STATE-ZIP	NEWARK NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KOERBER, JAY A	
STREET ADDRESS	520 BROAD STREET	
CITY-STATE-ZIP	NEWARK NJ 07102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COMPITELLO, YVONNE M	
STREET ADDRESS	520 BROAD STREET	
CITY-STATE-ZIP	NEWARK NJ 07102	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

**Mark Mahony**

**2/11/97**

**(201) 481-8856**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)