

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 06, 1999 8:00 am  
Secretary of State

03-06-1999 90010 015 \*\*\*150.00

DOCUMENT # F94000003834

1. Corporation Name  
THE RBA GROUP, INC.

Principal Place of Business  
1 EVERGREEN PLACE  
MORRISTOWN NJ 07962

Mailing Address  
1 EVERGREEN PLACE  
MORRISTOWN NJ 07962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/21/1994

4. FEI Number  
22-1854980

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30  
9. Name and Address of Current Registered Agent  
TEDESCHI, ALAN  
7213 S.W. 3RD COURT  
NORTH LAUDERDALE FL 33068

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC ☐ DELETE  
NAME GARRO, WILLIAM PE,PP  
STREET ADDRESS RD #4, 136 OLD DENVILLE ROAD  
CITY-ST-ZIP BOONTON NJ 07005

TITLE VP ☐ DELETE  
NAME HARRIS, DONALD C  
STREET ADDRESS 4338 ARBOR BRIDGE DR  
CITY-ST-ZIP MARIETTA GA

TITLE VP ☐ DELETE  
NAME MAVIS, ANTHONY  
STREET ADDRESS 566 PARK AVE  
CITY-ST-ZIP CEDARHURST NY

TITLE EVP ☐ DELETE  
NAME GAGE, JAMES R PE  
STREET ADDRESS 53 DEERPATH DRIVE  
CITY-ST-ZIP FLNDERS NJ

TITLE T ☐ DELETE  
NAME ELLIS, ROBERT M.  
STREET ADDRESS 62 ANN ROAD  
CITY-ST-ZIP LONG VALLEY NJ 07853

TITLE DAO ☐ DELETE  
NAME MCGOVERN, DANIEL  
STREET ADDRESS 244 S PLEASANT AVE  
CITY-ST-ZIP RIDGEWOOD NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)