## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 25, 2001 8:00 am Secretary of State DOCUMENT # F94000003834 THE RBA GROUP, INC. 04-25-2001 90011 021 \*\*\*150.00 Principal Place of Business Mailing Address **EVERGREEN PLACE** 1 EVERGREEN PLACE AORRISTOWN NJ 07962 MORRISTOWN NJ 07962 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State FEI Number Applied For 22-1854980 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TEDESCHI, ALAN ----Street Address (P.O. Box Number is Not Acceptable) 7213 S.W. 3RD COURT NORTH LAUDERDALE FL 33068 City 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition GARRO, WILLIAM PE.PP NAME NAME RD #4, 136 OLD DENVILLE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOONTON NJ 07005** CITY-ST-ZIP TITLE X Defete TITI F ☐ Addition Change HARRIS, DONALD C NAME NAME 4338 ARBOR BRIDGE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARIETTA GA CITY-ST-ZIP ☐ Delete TITLE ☐ Addition MAVIS, ANTHONY NAME NAME Mavis, Anthony STREET ADDRESS 566 PARK AVE STREET ADDRESS 23 Brittany Lane CITY-ST-ZIP CEDARHURST NY CITY-ST-7JF Westhampton, NY 11978 TITLE Delete ☐ Change Addition GAGE, JAMES R PE NAME NAME 53 DEERPATH DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FLANDERS NJ CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ELLIS, ROBERT M. NAME NAME STREET ADDRESS **62 ANN ROAD** STREET ADDRESS CITY-ST-ZIP LONG VALLEY NJ 07853 CITY-ST-ZIP DAO TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCGOVERN, DANIEL

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

244 S PLEASANT AVE

RIDGEWOOD NJ

Robert M. Ellis

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

'973)898**-**0300