

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 AUG 10 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07282004 Chg-P CR2E034 (10/03)

4. FEI Number
76-0451040

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 S. PINE ISLAND RD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, T. KENT	
STREET ADDRESS	300 ATRIUM DRIVE	
CITY-ST-ZIP	SOMERSET, NJ 08873	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	SMITH, T. KENT	
STREET ADDRESS	300 ATRIUM DRIVE	
CITY-ST-ZIP	SOMERSET, NJ 08873	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KENEALY, EDMUND C	
STREET ADDRESS	800 W. CUMMINGS PK, STE 1500	
CITY-ST-ZIP	WOBURN, MA 01801	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HOAGLIN, ELIZABETH	
STREET ADDRESS	1901 ULMERTON RD STE 800	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE	CC	<input checked="" type="checkbox"/> Delete
NAME	ROMANO, GERARD	
STREET ADDRESS	300 ATRIUM DRIVE	
CITY-ST-ZIP	SOMERSET, NJ 08873	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy Nieman	
STREET ADDRESS	1901 Ulmerton Road, Suite 800	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE	V.P. Finance & CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rick Filippelli	
STREET ADDRESS	300 Atrium Drive	
CITY-ST-ZIP	Somerset NJ 08873	
TITLE	Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cheryl Presuto	
STREET ADDRESS	300 Atrium Drive	
CITY-ST-ZIP	Somerset, NJ 08873	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Edmund C. Kenealy, V.P. General Counsel & Secretary 8/4/05 781-937-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #