

TOPS APPLIANCE
CITY

APPLIANCE CITY, INC. • 45 BRUNSWICK AVE. • EDISON, NJ 08818
08/725 FAX: 000 731
F95000000863

March 7, 1995

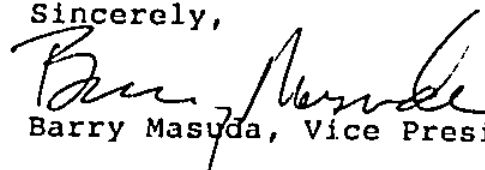
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

To whom it may concern:

Enclosed is a copy of Tops Appliance City, Inc. Qualification Document. As directed I have obtained my employers Federal Identification Number, and submit it for your review.

Tops Appliance City, Inc.
45 Brunswick Avenue
Edison, New Jersey 08818-1907
Document # F95000000863
Federal Employer Identification Number 22-317-4454

Sincerely,


Barry Masuda, Vice President

3/14

F95000000863

GREENBAUM, ROWE, SMITH, RAVIN & DAVIS

JOSEPH M. ORIOLO

100001412091
-03/21/95--01155--004
*****70.00 *****70.00

OFFICE USE ONLY

METRO CORPORATE CAMPUS - P.O. BOX 9400, WOODBRIDGE, NJ 07095 (BOB) 940 9400
DIRECT DIAL NO. (BOB) 908 7737
FAX (BOB) 940 1881

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Tops Appliance City Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

FILED
SECRETARY STATE
NEW JERSEY
95 FEB 22 AM 8:37

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

SUBJECT: Tops Appliance City, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Barry Masuda
(Name of Person)
Tops Appliance City, Inc.
(Firm/Company)
45 Brunswick Avenue
(Address)
Edison, NJ 08818
(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

Barry Masuda at (908) 248 - 2725
(Name of Person) Area Code & Daytime Telephone Number

SEP 22 1987
CORP. DIV.
6:37

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:**

1. Tops Appliance City, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. New Jersey 3. 221903552
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/11/92 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. To be announced
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 45 Brunswick Avenue
Edison, NJ 08818
(Current mailing address)

8. Security and Executive Protection Services
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: Barry Masuda
Office Address: HC1 Box 1337
Cedar Key, Florida, 32625
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Phil Schmidt

Address: 45 Brunswick Avenue
Edison, NJ 08818

Vice President: Philip J. Schoonover

Address: 45 Brunswick Avenue
Edison, NJ 08818

Secretary: William Tennant

Address: 45 Brunswick Avenue
Edison, NJ 08818

Treasurer: Barry Masuda

Address: 45 Brunswick Avenue
Edison, NJ 08818

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

Barry Masuda
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

Barry Masuda, Vice President - Loss Prevention
(Typed or printed name and capacity of person signing application)

THE STATE OF NEW YORK

IN SENATE

January 11, 1933

REPORT OF THE COMMISSIONER OF THE DEPARTMENT OF SOCIAL SERVICES, CONCERNING THE RESULTS OF THE INVESTIGATION OF THE ALLEGED VIOLATIONS OF THE PROVISIONS OF THE SOCIAL SERVICE LAW, BY THE NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES, DURING THE YEAR 1932.

ALBANY: J. B. LIPPINCOTT COMPANY, 1933.

SAID COMMISSIONER HAS THE HONOR TO PRESENT TO THE SENATE THE FOLLOWING REPORT OF THE DEPARTMENT OF SOCIAL SERVICES, CONCERNING THE RESULTS OF THE INVESTIGATION OF THE ALLEGED VIOLATIONS OF THE PROVISIONS OF THE SOCIAL SERVICE LAW, BY THE NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES, DURING THE YEAR 1932.

THE COMMISSIONER OF THE DEPARTMENT OF SOCIAL SERVICES, NEW YORK.

REPORT OF THE COMMISSIONER OF THE DEPARTMENT OF SOCIAL SERVICES,

CONCERNING

THE RESULTS OF THE

INVESTIGATION OF THE ALLEGED VIOLATIONS OF THE PROVISIONS OF THE SOCIAL SERVICE LAW,

BY THE NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES,

RECEIVED
JAN 11 1933
6:30

John R. Hooker

