

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002593

Entity Name: SAX, MACY, FROMM AND CO., PC

FILED
Jan 18, 2007
Secretary of State

Current Principal Place of Business:

855 VALLEY ROAD
CLIFTON, NJ 07013

New Principal Place of Business:

Current Mailing Address:

855 VALLEY ROAD
CLIFTON, NJ 07013

New Mailing Address:

FEI Number: 22-3177927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HEIMAN, RALPH S
Address: 6 POND PARK ROAD
City-St-Zip: GREAT NECK, NY 11023

Title: S () Delete
Name: ALEXANDER, KATHLEEN M
Address: 21 CHERRY TREE LANE
City-St-Zip: KINNELON, NJ 07405

Title: D () Delete
Name: BLUMENTHAL, MARC C
Address: 436 CONTANT AVE.
City-St-Zip: HAWORTH, NJ 07641

Title: D () Delete
Name: KAPLAN, STEVEN P
Address: 4 GOLDEN ROAD
City-St-Zip: MONTEBELLO, NY 10901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH S. HEIMAN

PD

01/18/2007

Electronic Signature of Signing Officer or Director

Date