07-17-2007 90107 049 ***550.00
08-28-2007 90023 033 ***650.00
FILED F95000002926

07 AUG 29 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002926

1. Entity Name
Fishman & Tobin, Inc.

~~W07-56104~~

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 04-07

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
625 Ridge Pike, Bldg. E		625 Ridge Pike, Bldg. E	
Suite, Apt. #, etc. Third Floor		Suite, Apt. #, etc. Third Floor	
City & State Conshohocken, PA		City & State Conshohocken, PA	
Zip 19428-3203	Country USA	Zip 19428-3203	Country USA

4. FEI Number 23-1306344 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ~~MARIA ELENA CHIVITE~~ Marvin Walker

Street Address (P.O. Box Number is Not Acceptable) 60 WELLS ROAD

City ORANGE PARK FL Zip Code 32073

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 ~~MARIA-ELENA CHIVITE~~ Marvin Walker 6/11/07

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Director Mark Fishman See mailing address above	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary, Director James Rosenfeld See mailing address above	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8/31
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer, CFO Nicholas C. Vetere See mailing address above	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 7/10/07 610-729-0201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Nicholas C. Vetere