

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005284

1. Entity Name

C-PYRAMID ENTERPRISES INC.

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90372 023 ***150.00

769627



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3135 ROUTE 206 COLUMBUS NJ 08022 US	3135 ROUTE 206 COLUMBUS NJ 08022 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number	22-2680993	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CRADDOCK, DAVID J	
STREET ADDRESS	P.O. BOX 259 3135 RT 206	
CITY-ST-ZIP	COLUMBUS NJ 08022	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	CRADDOCK, MARK T	
STREET ADDRESS	P.O. BOX 259 3135 RT 206	
CITY-ST-ZIP	COLUMBUS NJ 08022	
TITLE	TS	<input type="checkbox"/> Delete
NAME	CRADDOCK, SHIRLEY A.	
STREET ADDRESS	P.O. BOX 259 3135 RT 206	
CITY-ST-ZIP	COLUMBUS NJ 08022	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CRADDOCK, WAYNE F	
STREET ADDRESS	P.O. BOX 259 3135 RT 206	
CITY-ST-ZIP	COLUMBUS NJ 08022	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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	

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.

SIGNATURE: Mark Craddock 4/25/01 609-298-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)