2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 20, 2000 8:00 am Secretary of State DOCUMENT # F95000005722 1. Entity Name ARC-PARSIPPANY/GP. INC. 03-20-2000 90200 031 ***150.00 Mailing Address Principal Place of Business 1401 BROAD ST 1401 BROAD ST CLIFTON NJ 07013-4221 CLIFTON NJ 07013 RUUTITYU 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Cityl& State 4. FEI Number Applied For City & State 22-3324049 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STUCKEY, JAMES ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 310 WEST FIRST STREET STUART FL 34994 Zip Code FI 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILË NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) Addition ☐ Change TITLE PCT De'ete NAME NAME AMBROSI, ROBERT STREET ADDRESS STREET ADDRESS 341 BROAD STREET CITY-ST-ZIP CITY-ST-ZIP **CLIFTON NJ 07013** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE NAME NAME

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

SIGNATURE

STREET ADDRESS

CITY-ST-ZIF

TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3/9/00

973-249-1000

☐ Change

Addition

Date