

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

000225

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90123 041 \*\*\*150.00

**DOCUMENT # F96000001053**

1. Corporation Name

**VILLAGER FRANCHISE SYSTEMS, INC.**



Principal Place of Business Mailing Address  
**6 SYLVAN WAY 6 SYLVAN WAY**  
**PARSIPPANY NJ 07054 PARPISPPANY NJ 07054**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/01/1996**

4. FEI Number

**22-3333766**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional

Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21 6 SYLVAN WAY**

Suite, Apt. #, etc.

City & State  
**22 PARPISPPANY, NJ**

Zip Country  
**24 07054 25 USA**

2a. Mailing Address

**26 6 SYLVAN WAY**

Suite, Apt. #, etc.

City & State  
**27 LEGAL DEPT.**

City & State  
**28 PARPISPPANY, NJ**

Zip Country  
**29 07054 30 USA**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RODGERS, KENNETH	
STREET ADDRESS	3 AMMERMAN WAY	
CITY-ST-ZIP	CHESTER NJ 07930	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	FORBES, SCOTT E	
STREET ADDRESS	132 WASHINGTON AVENUE	
CITY-ST-ZIP	MORRISTOWN NJ 07960	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MURPHY, JEANNE M	
STREET ADDRESS	47 N. VAN DIEN AVENUE	
CITY-ST-ZIP	RIDGEWOOD NJ 07450	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLMES, STEPHEN P	
STREET ADDRESS	43 GREENVIEW DRIVE	
CITY-ST-ZIP	PEQUANNOCK NJ 07440	
TITLE	CEOD	<input checked="" type="checkbox"/> DELETE
NAME	SNODGRASS, JOHN D	
STREET ADDRESS	67 PROSPECT HILL AVENUE	
CITY-ST-ZIP	SUMMIT NJ 07901	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUCKMAN, JAMES E	
STREET ADDRESS	99 WOODFIELD ROAD	
CITY-ST-ZIP	SHORT HILLS NJ 07078	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>EXECUTIVE V.P.</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Birgit S. Philipp*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BIRGIT S. PHILIPP**

**2/12/99**

Date

**(973) 496-5036**

Daytime Phone #

CR2E034 (11/98)