

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90034 029 \*\*\*150.00

DOCUMENT # **F9600000 1053**

1. Entity Name

**Villager Franchise Systems, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1 Sylvan Way**

Suite, Apt. #, etc.

3. Mailing Address

**1 Campus Drive**  
**3rd Floor - Legal**

Suite, Apt. #, etc.

City & State

**Parsippany, NJ**

City & State

**Parsippany, NJ**

Zip

**07054**

Country

**USA**

Zip

**07054**

Country

**USA**

4. FEI Number

**22-3333 766**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**CT Corporation System**

Street Address (P.O. Box Number is Not Accepted)

**1200 South Pine Island Road**

City

**Plantation**

FL

Zip Code

**33324**

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

|                                                |                                                                                                      |
|------------------------------------------------|------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Director, Joel R. Buckberg</b><br><b>1 Sylvan Way</b><br><b>Parsippany, NJ 07054</b>              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Director, Gail Mandel</b><br><b>1 Campus Drive</b><br><b>Parsippany, NJ 07054</b>                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>President &amp; CEO, Anthony Fabr</b><br><b>1 Sylvan Way</b><br><b>Parsippany, NJ 07054</b>       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP &amp; Treasurer</b><br><b>Duncan H. Corcraft</b><br><b>1 Campus Drive</b><br><b>Parsippany</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SVP &amp; Secretary</b><br><b>Eric J. Bock</b><br><b>9 W. 57th St., N.Y., N.Y. 10019</b>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP Tax, Joseph Huber</b><br><b>1 Campus Drive</b><br><b>Parsippany, NJ 07054</b>                  |

|                                                |                                   |
|------------------------------------------------|-----------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Joseph Huber**

**Joseph Huber**

**4/30/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)