

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90427 040 ***150.00

0615535 AT

DOCUMENT # F96000001053

1. Entity Name
VILLAGER FRANCHISE SYSTEMS, INC.



Principal Place of Business
**1 CAMPUS DRIVE
3RD FLOOR LEGAL DEPT.
PARSIPPANY NJ 07054**

Mailing Address
**1 CAMPUS DRIVE
3RD FLOOR LEGAL DEPT
PARSIPPANY NJ 07054**



2. Principal Place of Business
1 Sylvan Way
Suite, Apt. #, etc.

3. Mailing Address
1 Sylvan Way
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Parsippany N.J.
Zip
07054 Country
USA

City & State
Parsippany NJ
Zip
07054 Country
USA

4. FEI Number **22-3333766**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 | Delete |
|-------|-------------------|----------------|---------------------|-------------------------------------|
| D | BUCKBERG, JOEL R | 1 SYLVAN WAY | PARSIPPANY NJ 07054 | <input type="checkbox"/> |
| EY | COCROFT, DUNCAN H | 1 CAMPUS DRIVE | PARSIPPANY NJ 07054 | <input type="checkbox"/> |
| SVS | BOCK, ERIC J | 9 W 57TH ST | NEW YORK NY 10019 | <input type="checkbox"/> |
| D | MANDEL, GAIL | 1 CAMPUS DRIVE | PARSIPPANY NJ 07054 | <input checked="" type="checkbox"/> |
| VT | HUBER, JOSEPH | 1 CAMPUS DRIVE | PARSIPPANY NJ 07054 | <input type="checkbox"/> |
| PCEO | FABER, ANTHONY | 1 SYLVAN WAY | PARSIPPANY NJ 07054 | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|----------|--------------------|----------------|----------------------|--------------------------|-------------------------------------|
| Director | Michael Montemurro | 1 Sylvan Way | Parsippany, NJ 07054 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Huber, Vice President 2/13/03
Date

Daytime Phone # **973-496-5036**

CR2E034 (10/02)