

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001259 (8)

1. Corporation Name
ERA FRACHISE SYSTEMS, INC.



Principal Place of Business
339 JEFFERSON RD.
PARSIPPANY NJ 07054

Mailing Address
339 JEFFERSON RD.
PARSIPPANY NJ 07054-3707

3. Date Incorporated or Qualified
03/12/1996
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 6 Sylvan Way

26 6 Sylvan Way

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23 Parsippany, NJ

28 Parsippany, NJ

Zip Country

Zip Country

24 07054

25 USA

29 07054

30 USA

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPT
HOLMES, STEPHEN P
339 JEFFERSON RD.
PARSIPPANY NJ 07054
DVS

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
BUCKMAN, JAMES E
339 JEFFERSON RD.
PARSIPPANY NJ 07054

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
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CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
President, COO
Peter D. Burgdorff
6 Sylvan Way
Parsippany, NJ 07054

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Director
200002187042
-05/21/97--01100--021
***165.00

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Secretary
Jeanne M. Murphy
6 Sylvan Way
Parsippany, NJ 07054

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Treasurer
Scott E. Forbes
6 Sylvan Way
Parsippany, nj 07054

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
CEO, Director
John D. Snodgrass
6 Sylvan Way
Parsippany, NJ 07054

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
COB, Director
Richard A. Smith
6 Sylvan Way
Parsippany, NJ 07054

☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott E. Forbes

4/25/97

(201)359-5065

Date Daytime Phone #

CR2E034 (9/96)