2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# F96000001259

Entity Name: ERA FRACHISE SYSTEMS, INC.

Current Principal Place of Business:

1 CAMPUS DR
PARSIPPANY, NJ 07054

New Principal Place of Business:

Current Mailing Address:

1 CAMPUS DR
PARSIPPANY, NJ 07054

New Mailing Address:

FEI Number: 22-3419810 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	CASSERLY, BRENDA	
Address:	6 SYLVAN WAY	
City-St-Zip:	PARSIPPANY, NJ 07054	
Title:	S	( ) Delete
Name:	BOCK, ERIC	
Address:	1 CAMPUS DR	
City-St-Zip:	PARSIPPANY, NJ 07054	
Title:	VP	( ) Delete
Name:	HUBER, JOSEPH	
Address:	1 CAMPUS DR	
City-St-Zip:	PARSIPPANY, NJ 07054	
Title:	T	( ) Delete
Name:	COCROFT, DUNCAN H	
Address:	1 CAMPUS DR	
City-St-Zip:	PARSIPPANY, NJ 07054	
Title:	DEVP	( ) Delete
Name:	BUCKMAN, JAMES	
Address:	9 W 57TH ST, 37TH FL	
City-St-Zip:	NEW YORK, NY 10019	
Title:	D	( ) Delete
Name:	SMITH, RICHARD A	
Address:	1 CAMPUS DR	
City-St-Zip:	PARSIPPANY, NJ 07054	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	WYSHNER, DAVID B	
Address:	1 CAMPUS DR	
City-St-Zip:	PARSIPPANY, NJ 07054	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH HUBER VP 01/08/2004

Electronic Signature of Signing Officer or Director — Date