FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 19, 2001 8:00 am DOCUMENT # F9600004123 **Secretary of State** WELCOME WAGON INTERNATIONAL INC. 02-19-2001 90004 036 \*\*\*150.00 Principal Place of Business Mailing Address **6 SYLVAN WAY** 115 SOUTH SERVICE ROAD ATTN: JOEL ZYCHICK LEGAL DEPARTMENT C0021689 PARSIPPANY NJ 07054 WESTBURY NY 11590 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 11-2346258 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable, 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 $\Box$ Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CH2E034 (10/00) **PCEO** Delete TITLE President Change TITLE ZYCHICK, JOEL NAME NAME Douglas Patterson STREET ADDRESS STREET ADDRESS 115 SOUTH SERVICE ROAD 115 So. Service Road CITY-ST-ZIP CITY-ST-ZIP WESTBURY NY 11590 Westbury, NY 11590 N Delete 📉 Change TITLE ☐ Addition TITLE SVPT SVPT NAME NAME KRIDLER, TERRY E Duncan Cocroft STREET ADDRESS STREET ADDRESS 6 SYLVAN WAY 6 Sylvan Way CITY-ST-ZIP CITY-ST-ZIP PARSIPPANY NJ 07054 Parsippany, NJ 07054 N Delete Addition TITLE TITLE SVAS Vice President NAME NAME MCGONAGLE, PETER G Joseph Huber STREET ADDRESS STREET ADDRESS 707 SUMMER STREET 6 Sylvan Way Parsippany, NJ CITY-ST-ZIP CITY-ST-ZIP 07054 STAMFORD CT 06901 Delete TITLE ☐ Addition TITLE SVPS NAME MURPHY, JEANNE M NAME STREET ADDRESS STREET ADDRESS **6 SYLVAN WAY** CITY-ST-7IP CITY-ST-ZIP PARSIPPANY NJ 07054 TITLE X Delete TITLE ☐ Change ☐ Addition NAME ACAMPORA, MICHAEL NAME STREET ADDRESS STREET ADDRESS 115 SOUTH SERVICE ROAD CITY - ST- 7IP CITY-ST-ZIP WESTBURY NY 11590 **X** Change TITLE AS ☐ Delete TITLE Addition Secretary NAME BOCK, ERIC J NAME Eric J. Bock STREET ADDRESS STREET ADDRESS 6 SYLVAN WAY 6 Sylvan Way 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 Block 12 if changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

Joseph Huber, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

1/30/01

973-428-9700

Daytime Phone #