-2002 UNIFOR OCUMENT # Entity Name	F9600	0006767		May 28, 2002 8:00 an Secretary of State 05-28-2002 91645 041 ***150.00
rincipal Place of Business 67 ROUTE 46 EAST ENVILLE NJ 07834		Mailing Address 267 ROUTE 46 EAST DENVILLE NJ 07834		
Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number Applied For 22-2479185 Not Applicable
Zip Count		Zip	Country	5. Certificate of Status Desired Not Applicable \$8.75 Additional Fee Required
6. Name and Add	dress of Current Re	gistered Agent	Name	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				ess (P.O. Box Number is Not Acceptable)
	/ -			
			City	
The above named entity submits			egistered office or reg	FL Zip Code istered agent, or both, in the State of Florida.
The above named entity submits NATURE Signature, typed or printed na This corporation is eligible to sat Tax filing requirement and elects (See criteria on back)	me of registered agent and isfy its Intangible s to do so.	FILE NOW !!! FILE NOW !!! After May 1, 200 Make Check Payable	registered office or reg Registered Agent signature rec I FEE IS \$150.00 2 Fee will be \$550.0 e to Department of s	In the State of Florida. United when reinstaling) DATE DATE DATE
The above named entity submits NATURE Signature, typed or printed na This corporation is eligible to sat Tax filing requirement and elects (See criteria on back)	me of registered agent and isfy its Intangible s to do so. OFFICERS AND DIF RD ST	FILE NOW !!! FILE NOW !!! After May 1, 200 Make Check Payable	registered office or reg Registered Agent signature rec I FEE IS \$150.00 2 Fee will be \$550.0	In the State of Florida.
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TADDRESS TADDRESS T-ZIP ADDRESS	me of registered agent and isfy its Intangible s to do so. OFFICERS AND DIF RD ST	title if applicable. (NOTE: FILE NOW !!! After May 1, 2002 Make Check Payable Delete ECTORS Delete Delete Delete	Registered office or reg Registered Agent signature rec FEE IS \$150.00 2 Fee will be \$550.0 e to Department of s 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	istered agent, or both, in the State of Florida. Uired when reinstaling) DATE 10. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition Change Addition