

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

AUG 17, 2001 8:00 am
Secretary of State

07-25-2001 90005 037****550.00
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DOCUMENT # F97000003319

1. Entity Name
CATARACT, INC.

Principal Place of Business
**2500 MCCLELLAN AVENUE
 SUITE 350
 PENNSAUKEN NJ 08109**

Mailing Address
**2500 MCCLELLAN AVENUE
 SUITE 350
 PENNSAUKEN NJ 08109**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **23-2811736** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CT Corporation System
 1200 South Pine Island Road
 Plantation, FL 33324**

7. Name and Address of New Registered Agent
 Name **CT Corporation System**
 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.
 City **Plantation** FL Zip Code **33324**

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 *Margaret E. Routzahn* **MARGARET E. ROUTZAHN** DATE **8/13/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required) DATE
Special Assistant Secretary

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO KOPYT, LEON 2500 MCCLELLAN AVENUE SUITE 350 PENNSAUKEN NJ 08109 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT REMER, STANTON 2500 MCCLELLAN AVENUE SUITE 350 PENNSAUKEN NJ 08109 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP CAMPANELLI, ROCCO 90 WOODNUT PLACE MINEOLA NY 11501 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Margaret E. Routzahn* **REQUIRED** DATE **7/17/01** (856) 486-1777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)



DO NOT WRITE IN THIS SPACE