2005 FOR PROFIT CORPORATION ANNUAL REPORT

DIVISION OF CORPORATIONS DOCUMENT # F97000003574 1. Entity Name 05 MAY 23 PM 4: 04 STRATEGIC PERFORMANCE FUND-II, INC. Principal Place of Business Mailing Address 8 CAMPUS DRIVE., 4TH FLOOR 8 CAMPUS DRIVE., 4TH FLOOR 04/28/05 90026 042 \$1000 PARSIPPANY, NJ 07054 PARSIPPANY, NJ 07054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082005 Chg-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 22-3497330 Not Applicable Country 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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. (1)OTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TATLE PD ☐ Detete IIILE ☐ Change ☐ Addition NAME PRATT, ROGER S HAME STREET ADDRESS 8 CAMPUS DRIVE., 4TH FLOOR STREET ADDRESS CITY ST ZIP PARSIPPANY, NJ 07054 CITY-SI ZP ☐ Change Addition MILE Delete 110 F Mulford, Jeanna MAURER, JOHN NAME NAME 8 Campus Drive, 4m Floor STREET ADDRESS 8 CAMPUS DRIVE., 4TH FLOOR STREET ADDRESS PARSIPPANY, NJ 07054 CITY-SI-ZIP CITY-ST-ZIP Pasid Danu. N TITLE ☐ Delete MILE ☐ Change ☐ Addition FLANAGAN COYLE, BERNADETTE NAME KAME STREET ADDRESS 8 CAMPUS DRIVE., 4TH FLOOR STREET ADDRESS CITY-ST-ZIP PARSIPPANY, NJ 07054 CITY-ST-ZIP TITLE Change Addition X Delete TITLE Green Allen J. ZILLA, BRIAN J NAME HAME 444F1001 8 campus Drive 8 CAMPUS DRIVE., 4TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PARSIPPANY, NJ 07054 CITY-ST-ZIP thrs:ppany <u>NJ 0</u>705 Andition Delete TITLE ☐ Change TITLE Hayden, Joan NAME KENDALL, ELLEN T NAME STREET ADDRESS 8 CAMPUS DRIVE, 4TH FLOOR STREET ADDRESS COMPUS Drive CITY - ST- 7IP PARSIPPANY, NJ 07054 CTTY-ST-ZIP ΑT IIILE ☐ Delete TITLE ■ Addition CALELLO JOSEPH NAME NAME STREET ADDRESS | B CAMPUS DRIVE., 4TH FLOOR STREET ADDRESS PARSIPPANY, NJ 07054 CHY-SI-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

E OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: A

04-28-2005 90159 048 **** 50.00 F97000003574 FILEIJ

SECRETARY OF STATE