

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004173

FILED  
May 11, 2007  
Secretary of State

Entity Name: SP PENSACOLA MANAGEMENT CORP.

## Current Principal Place of Business:

15 MAPLE AVE  
MORRISTOWN, NJ 07960 US

## New Principal Place of Business:

## Current Mailing Address:

15 MAPLE AVE  
MORRISTOWN, NJ 07960 US

## New Mailing Address:

FEI Number: 22-3531404

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PD ( ) Delete  
Name: HANSON, JON F  
Address: 235 MOORE STREET  
City-St-Zip: HACKENSACK, NJ 07601

Title: DV (X) Delete  
Name: SCHMIDT, PAUL  
Address: 159 CLINTON PLACE  
City-St-Zip: HACKENSACK, NJ 07601

Title: SV ( ) Delete  
Name: ROSEN, MARK S  
Address: 235 MOORE STREET  
City-St-Zip: HACKENSACK, NJ 07601

Title: D ( ) Delete  
Name: FEINSTEIN, NORMAN A  
Address: 100 EXECUTIVE DRIVE  
City-St-Zip: WEST ORANGE, NJ 07052

Title: AS ( ) Delete  
Name: POLEY, M R  
Address: 235 MOORE STREET  
City-St-Zip: HACKENSACK, NJ 07601

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HANSON, JON F  
Address: 15 MAPLE AVENUE  
City-St-Zip: MORRISTOWN, NJ 07960

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SV (X) Change ( ) Addition  
Name: ROSEN, MARK S  
Address: 15 MAPLE AVENUE  
City-St-Zip: MORRISTOWN, NJ 07960

Title: D (X) Change ( ) Addition  
Name: FEINSTEIN, NORMAN A  
Address: 15 MAPLE AVENUE  
City-St-Zip: MORRISTOWN, NJ 07960

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JON F. HANSON

PD

05/11/2007

Electronic Signature of Signing Officer or Director

Date