2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **F97000004809** Feb 24, 2000 8:00 am 1. Entity Name **Secretary of State** EDWARDS AND KELCEY CONSTRUCTORS. INC. 02-24-2000 90012 049 ***150.00 Mailing Address Principal Place of Business 299 MADISON AVENUE 299 MADISON AVENUE P.O. BOX 1936 P.O. BOX 1936 MORRISTOWN NJ 07962 MORRISTOWN NJ 07962-1936 DUULOOUA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FFI Number 22-3514442 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so 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 12. OFFICERS AND DIRECTORS 11. CHAIRMAN ☐ Addition Change TITLE ☐ Delete TITLE MCMAHON, KEVIN J NAME NAME STREET ADDRESS STREET ADDRESS 299 MADISON AVENUE CITY-ST-ZIP CITY-ST-ZIP MORRISTOWN NJ 07962 PRESIDENT KENNETH J. GARRITY ☐ Change Addition ☐ Delete TITLE NAME REFINSKI, ELIZABETH A NAME 299 MADISON AUE MORRISTOWN, N.J. 07962 STREET ADDRESS STREET ADORESS 299 MADISON AVENUE CITY-ST-ZIP CITY-ST-ZIP MORRISTOWN NJ 07962 ☐ Change ☐ Addition Delete TITLE To harana 😑 🤊 NAME BARRY, THOMAS NAME STREET ADDRESS STREET ADDRESS 299 MADISON AVENUE CITY-ST-ZIP CITY-ST-ZIP MORRISTOWN NJ 07962 Change ☐ Addition Delete De TITLE .WISS, RONALD A NAME NAME STREET ADDRESS STREET ADDRESS 299 MADISON AVENUE CITY-ST-7IP CITY-ST-ZIP MORRISTOWN NJ 07962

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.

TITLE NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: ___

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

SKATURE REGSHEE	_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO	₹

☐ Delete

☐ Delete

02-07-00 473-41-8830 Ext
Date Dayline Phone # 1221

Change

Change

☐ Addition

Addition