

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2002 8:00 am**  
**Secretary of State**  
 09-10-2002 90236 036 \*\*\*550.00

**DOCUMENT # F97000005839**

1. Entity Name  
**EPIX IV, INC.**

Principal Place of Business

**1480 ROUTE 9 NORTH  
 WOODBRIDGE NJ 07095**

Mailing Address

**1480 ROUTE 9 NORTH  
 WOODBRIDGE NJ 07095**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-3542634**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

Name **Edwin Shepherdson**  
 Street Address (P.O. Box Number is Not Acceptable) **3710 Corporex Park Drive**  
**Suite 300**  
 City **Tampa** FL Zip Code **33619**

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.

SIGNATURE

Signature, typed or printed name of registered agent and then applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete  
 NAME **WAJNERT, THOMAS C**  
 STREET ADDRESS **3710 CORPOREX PARK DRIVE, SUITE 300**  
 CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PCEO** ☒ Delete  
 NAME **ROSENTHAL, STEVE A**  
 STREET ADDRESS **3710 CORPOREX PARK DRIVE, SUITE 300**  
 CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VCEO** ☐ Delete  
 NAME **TAYLOR, THOMAS S**  
 STREET ADDRESS **3710 CORPOREX PARK DRIVE, SUITE 300**  
 CITY-ST-ZIP **TAMPA FL 33619**

TITLE **CEO** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1480 Route 9 North**  
 CITY-ST-ZIP **Woodbridge, NJ 07095**

TITLE **VPC** ☐ Delete  
 NAME **SHEPHERDSON, EDWIN A**  
 STREET ADDRESS **3710 CORPOREX PARK DRIVE, SUITE 300**  
 CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **EVPS** ☐ Delete  
 NAME **DEUTSCH, PETER D**  
 STREET ADDRESS **342 MADISON AVENUE, SUITE 622**  
 CITY-ST-ZIP **NEW YORK NY 10173**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **45 West 45 Street, Ste. 500**  
 CITY-ST-ZIP **New York, NY. 10036**

TITLE **SVPM** ☒ Delete  
 NAME **ARCARO, ANTHONY M**  
 STREET ADDRESS **3710 CORPOREX PARK DR., SUITE 300**  
 CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: **THOMAS S. Taylor** 9/4/02 800-879-3641  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)