2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000000439

1. Entity Name
SCHULMAN, RONCA AND BUCUVALAS, INC.

Principal Place of Business	Mailing Address
145 E. 32ND ST. NEW YORK, NY 10016	145 E. 32ND STREET 5TH FLOOR NEW YORK, NY 10016

DO NOT WRITE IN THIS SPACE

01062004   No Chg-P   CR2E034 (10/03)

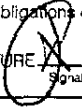| 4. FEI Number	Applied For
13-3077900	Not Applicable

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

6. Name and Address of Current Registered Agent

SRBB, INC.
7431 COLLEGE PARKWAY
FORT MYERS, FL 33907

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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 X
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
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHULMAN, MARK A
STREET ADDRESS	145 E. 32ND ST.
CITY-ST-ZIP	NEW YORK, NY 10016

TITLE	V
NAME	RONCA, ALBERT
STREET ADDRESS	145 E. 32ND ST.
CITY-ST-ZIP	NEW YORK, NY 10016

TITLE	V
NAME	BOYLE, JOHN M
STREET ADDRESS	8403 COLESVILLE ROAD
CITY-ST-ZIP	SILVER SPRING, MD 20910

TITLE	T
NAME	BUCUVALAS, MICHAEL J
STREET ADDRESS	145 E. 32ND ST.
CITY-ST-ZIP	NEW YORK, NY 10016

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/04-80018-025 150.00

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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.

SIGNATURE: _____   1/7/04   212-779-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #