

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F98000001528**1. Entity Name  
**IDOM, INC.****FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90015 002 \*\*\*150.00

0573433

Principal Place of Business  
**1 GATEWAY CENTER, 3RD FL  
NEWARK NJ 07102**Mailing Address  
**1 GATEWAY CENTER, 3RD FL  
NEWARK NJ 07102****704100**

DO NOT WRITE IN THIS SPACE

|                                                           |         |                                                        |         |
|-----------------------------------------------------------|---------|--------------------------------------------------------|---------|
| 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 <b>22-3172804</b>                           |         | Applied For<br><input type="checkbox"/> Not Applicable |         |
| 5. Certificate of Status Desired <input type="checkbox"/> |         | \$8.75 Additional Fee Required                         |         |

|                                                                                       |  |                                                    |             |
|---------------------------------------------------------------------------------------|--|----------------------------------------------------|-------------|
| 6. Name and Address of Current Registered Agent                                       |  | 7. Name and Address of New Registered Agent        |             |
| <b>CORPORATION-SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE FL 32301-2525</b> |  | Name                                               |             |
|                                                                                       |  | Street Address (P.O. Box Number is Not Acceptable) |             |
|                                                                                       |  | City                                               | FL Zip Code |

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|                                                                                                                                                       |                                                                                                                                         |                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|

| 11. OFFICERS AND DIRECTORS |                                    | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|----------------------------|------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | P <input type="checkbox"/> Delete  | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CODIGNOTTO, STEPHEN</b>         | NAME                                                  |                                                                   |
| STREET ADDRESS             | <b>8 BLOCK COURT</b>               | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                | <b>RANDOLPH NJ</b>                 | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | V <input type="checkbox"/> Delete  | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>RANIERE, VINCENT J</b>          | NAME                                                  |                                                                   |
| STREET ADDRESS             | <b>191 CONCORD DRIVE</b>           | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                | <b>RANDOLPH NJ</b>                 | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | VP <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CRISALLO, VINCENT</b>           | NAME                                                  |                                                                   |
| STREET ADDRESS             | <b>316 BARBARA ST.</b>             | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                | <b>SI NY 10306</b>                 | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                    | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                    | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                    | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                    | 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: VINCENT A. CRISALLO  
**VICE PRESIDENT, CONTROLLER**Date 1/11/01 Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)