

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001874

1. Entity Name

CRUMP OF NEW JERSEY, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90052 001 \*\*\*150.00

Principal Place of Business 485 ROUTE 1 SOUTH. PLAZA E ISELIN NJ 08830	Mailing Address 7557 RAMBLER ROAD #350 DALLAS TX 75231-4142 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address c/o SEABURY & SMITH 1166 AVE OF THE AMERICAS Suite, Apt. #, etc. 31ST FL City & State NEW YORK, NY Zip 10036	Country	Country
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4. FEI Number 22-3567488	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name  
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)  
1200 SOUTH PINE ISLAND ROAD

City  
PLANTATION FL Zip Code  
33324

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

This corporation is unable to satisfy its Intangible tax filing requirements and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	PD CICCARELLI, CHARLES J 485 ROUTE 1 SOUTH, PLAZA E ISELIN NJ 08830 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIXON, WILLIAM 485 ROUTE 1 SOUTH, PLAZA E ISELIN NJ 08830 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANNING, KAY 7557 RAMBLER ROAD DALLAS TX 75231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARGARET O'BRIEN 1166 AVE OF THE AMERICAS NEW YORK, NY 10036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'BRIEN, PATRICK R 7557 RAMBLER ROAD DALLAS TX 75231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JEFF SCHLINGBAUM 1166 AVE OF THE AMERICAS NEW YORK, NY 10036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JONES, ORVILLE D 7557 RAMBLER ROAD DALLAS TX 75231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOEL BERRIAN 7557 RAMBLER RD, #350 DALLAS, TX 75231 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYNE, MARCUS 7557 RAMBLER ROAD DALLAS TX 75231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JEFF SCHLINGBAUM / TREASURER Date: 4/28/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)