

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001874

1. Entity Name
CRUMP OF NEW JERSEY, INC.FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90052 025 ***150.00

Principal Place of Business
485 ROUTE 1 SOUTH PLAZA E
ISELIN NJ 08830Mailing Address
~~G/O SEABURY & SMITH~~
~~1166 AVE OF THE AMERICAS 31ST FL~~
~~NEW YORK NY 10036~~
US

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 22-3567488

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 SO PINE ISLAND RD
FORT LAUDERDALE FL 33324

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)FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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
S
O'BRIEN, MARGARET
1166 AVE OF THE AMERICAS
NEW YORK NY 10036 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
Patrick O'BRIEN
7557 Rambler Road
DALLAS, TX 75231 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SCHLINGBAUM, JEFF
1166 AVE FO THE AMERICAS
NEW YORK NY 10036 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MERCIER, CLAUDE
1166 AVE OF THE AMERICAS
NEW YORK NY 10036 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOPKINS, THOMAS
1166 AVE OF THE AMERICAS
NEW YORK NY 10036 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LICCARELLI, CHARLES J
485 RT 1 S PLAZA STE 290
ISELIN NJ 08830 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
DIXON, WILLIAM
485 RT 1 S PLAZA E STE 290
ISELIN NJ 08830 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeff Schlingbaum 3/12/02

Date

Daytime Phone #

CR2E034 (9/01)