

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000001874

1. Entity Name
CRUMP OF NEW JERSEY, INC.



Principal Place of Business
**485 ROUTE 1 SOUTH, PLAZA E
ISELIN, NJ 08830**

Mailing Address
**C/O MARSH, INC TAX DEPT
1166 AVE OF THE AMERICAS 11TH FL.
NEW YORK, NY 10036 US**



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3567488

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
FORT LAUDERDALE, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 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**

U000000157988

05/07/04-00003-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	BORIK, MICHAEL
STREET ADDRESS	114 47TH STREET
CITY-ST-ZIP	NEW YORK, NY 10036
TITLE	T
NAME	RIDDELL, ROSS
STREET ADDRESS	2 WISCONSIN CIRCLE
CITY-ST-ZIP	CHEVY CHASE, MD 20815
TITLE	D
NAME	O'BRIEN, PATRICK
STREET ADDRESS	7557 RAMBLER ROAD
CITY-ST-ZIP	DALLAS, TX 75231
TITLE	CEO
NAME	CICCARELLI, CHARLES J
STREET ADDRESS	485 RT 1 S PLAZA STE 290
CITY-ST-ZIP	ISELIN, NJ 08830
TITLE	DEVP
NAME	CONNER, STEPHEN
STREET ADDRESS	7557 RAMBLER RD
CITY-ST-ZIP	DALLAS, TX 75231
TITLE	D
NAME	SAN TORELLI, VINCENT
STREET ADDRESS	2 WISCONSIN CIRCLE
CITY-ST-ZIP	CHEVY CHASE, MD 20815

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #