

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90577 034 \*\*\*150.00

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04072005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F98000001874</b> 1. Entity Name <b>CRUMP OF NEW JERSEY, INC.</b>					
Principal Place of Business <b>485 ROUTE 1 SOUTH, PLAZA E ISELIN, NJ 08830</b>			Mailing Address <del>C/O MARSH INC TAX DEPT.</del> <b>1166 AVE OF THE AMERICAS 11TH FL. NEW YORK, NY 10036 US.</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>C/O MMC-EVELYN RODRIGUEZ</b> Suite, Apt. #, etc. <b>TAX DEPT. - 5TH FL.</b>			
City & State  		City & State <b>HOBOKEN, NJ</b>		4. FEI Number <b>22-3567488</b>	
Zip 	Country 	Zip <b>07030</b>	Country <b>US</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 SO PINE ISLAND RD FORT LAUDERDALE, FL 33324</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BORIK, MICHAEL</b> <b>114 47TH STREET</b> <b>NEW YORK, NY 10036</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASSISTANT SECRETARY</b> <b>SUSIE WU-DARE</b> <b>1166 AVE OF THE AMERICAS</b> <b>NEW YORK, NY 10036</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RIDDELL, ROSS</b> <b>2 WISCONSIN CIRCLE</b> <b>CHEVY CHASE, MD 20815</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASSISTANT TREASURER</b> <b>KAREN FARRELL</b> <b>1166 AVE OF THE AMERICAS</b> <b>NEW YORK, NY 10036</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>O'BRIEN, PATRICK</b> <b>7557 RAMBLER ROAD</b> <b>DALLAS, TX 75231</b> <input 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	<b>CEO</b> <b>CICCARELLI, CHARLES J</b> <b>485 RT 1 S PLAZA STE 290</b> <b>ISELIN, NJ 08830</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>JOSEPH P. GIGLIOTTI</b> <b>1166 AVE OF THE AMERICAS</b> <b>NEW YORK, NY 10036</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEVP</b> <b>CONNER, STEPHEN</b> <b>7557 RAMBLER RD</b> <b>DALLAS, TX 75231</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>KEITH STANICK</b> <b>121 RIVER STREET-5TH FLOOR</b> <b>HOBOKEN, NJ 07030</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SAN TORELLI, VINCENT</b> <b>2 WISCONSIN CIRCLE</b> <b>CHEVY CHASE, MD 20815</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>STEPHEN CONNER</b> <b>7557 RAMBLER ROAD</b> <b>DALLAS, TX 75231</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <b>JOSEPH P. GIGLIOTTI</b> <b>4/12/05</b> <b>212 948-2061</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					