

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90030 005 ***150.00

DOCUMENT # F98000002795

1. Entity Name
PLYMOUTH SPV 1 INC.

Principal Place of Business		Mailing Address	
35 AIRPORT RD STE 150 MORRISTOWN NJ 07960 US		35 AIRPORT RD STE 150 MORRISTOWN NJ 07960-4642 US	

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301				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 _____ (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, 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	P	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MACIOS, FRANK T			NAME	FERZOCO, JAMES		
STREET ADDRESS	35 AIRPORT RD STE 150			STREET ADDRESS	35 AIRPORT RD STE 150		
CITY-ST-ZIP	MORRISTOWN NJ 07960			CITY-ST-ZIP	MORRISTOWN, NJ 07960		
TITLE	S	<input type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BODASZEWSKI, DOUGLAS			NAME			
STREET ADDRESS	35 AIRPORT RD STE 150			STREET ADDRESS			
CITY-ST-ZIP	MORRISTOWN NJ 07960			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREENE, LAURENCE			NAME			
STREET ADDRESS	825 S US HWY 1 STE 260			STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL 33477			CITY-ST-ZIP			
TITLE	AT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PURCELL, JIM			NAME			
STREET ADDRESS	35 AIRPORT RD STE 150			STREET ADDRESS			
CITY-ST-ZIP	MORRISTOWN NJ 07960			CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREENE, JEFFERY			NAME			
STREET ADDRESS	825 S US HWY 1 STE 260			STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL 33477			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: _____ DATE: 4/19/00 DAYTIME PHONE #: _____

CR2E034 (9/99)