## **2006 FOR PROFIT CORPORATION**

## Mar 28, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # F98000004863 03-28-2006 90130 036 \*\*\*150.00 CHC/PRINCE CO., INC. Principal Place of Business Mailing Address 49 OLD BLOOMFIELD AVE 49 OLD BLOOMFIELD AVE 50006289 C/O CHC C/O CHC MOUNTAIN LAKES, NJ 07046 MOUNTAIN LAKES, NJ 07046 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 22-2993371 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President/Director Dennis J. Conroy 49 Old Bloomfield Ave. **DPS** TITLE Delete TITLE MURPHY, WILLIAM J NAME NAME 184 ANDOVER DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WAYNE, NJ 07470 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change SHEA, MICHAEL J NAME NAME STREET ADDRESS **6A LOVELAND ST** STREET ADDRESS MADISON, NJ 07940 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS Cf7Y-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 addre

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

973-299-4000

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## Officers and Directors

## **OFFICERS**

Name	Title	Date Taking Office	Address
Dennis J. Conroy	President	11/1/2005	49 Old Bloomfield Ave. Mountain Lakes, NJ 07046-1495
Michael J. Shea	Asst. Secretary	9/25/2003	49 Old Bloomfield Ave. Mountain Lakes, NJ 07046-1495
DIRECTORS			
Dennis J. Conroy		Nov-05	49 Old Bloomfield Ave Mountain Lakes, NJ 07046-1495
Michael J. Shea		Sep-03	49 Old Błoomfield Ave. Mountain Lakes, NJ 07046-1495