

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000005601****1. Entity Name**  
NSJ SUPPORT, INC.

|                                                                                                              |                                                                                                  |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Principal Place of Business<br>UNICAPITAL CORPORATION<br>10800 BISCAYNE BOULEVARD, STE 800<br>MIAMI FL 33161 | Mailing Address<br>UNICAPITAL CORPORATION<br>10800 BISCAYNE BOULEVARD, STE 800<br>MIAMI FL 33161 |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

|                                                                 |                                                          |
|-----------------------------------------------------------------|----------------------------------------------------------|
| <b>2. Principal Place of Business</b><br>UNICAPITAL CORPORATION | <b>3. Mailing Address</b><br>UNICAPITAL CORPORATION      |
| Suite, Apt. #, etc.<br>10800 BISCAYNE BOULEVARD, STE 800        | Suite, Apt. #, etc.<br>10800 BISCAYNE BOULEVARD, STE 800 |

|                          |                          |
|--------------------------|--------------------------|
| City & State<br>MIAMI FL | City & State<br>MIAMI FL |
|--------------------------|--------------------------|

|              |               |              |               |
|--------------|---------------|--------------|---------------|
| Zip<br>33161 | Country<br>US | Zip<br>33161 | Country<br>US |
|--------------|---------------|--------------|---------------|

|                                    |                                                       |
|------------------------------------|-------------------------------------------------------|
| <b>4. FEI Number</b><br>59-3538150 | Applied For<br><input type="checkbox"/>               |
|                                    | Not Applicable<br><input checked="" type="checkbox"/> |

|                                                                  |                                       |
|------------------------------------------------------------------|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|------------------------------------------------------------------|---------------------------------------|

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
  
PLANTATION FL 33324 US

**7. Name and Address of New Registered Agent**

Name  
**SKYWATCH REGISTERED AGENTS, INC.**  
Street Address (P.O. Box Number is Not Acceptable)  
**10800 BISCAYNE BLVD., LAW DEPT.**  
  
**SUITE 800**  
City  
**MIAMI FL** Zip Code  
**33161**

**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 JANINE E. COX, ASST. SECRETARY**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**04/25/2000**

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**

|                                                |                                                                 |                                 |
|------------------------------------------------|-----------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>GILES RICHARD<br>383 LONG HILL DR.<br>SHORT HILLS NJ 07078 | <input type="checkbox"/> Delete |
|------------------------------------------------|-----------------------------------------------------------------|---------------------------------|

|                                                |                                                                     |                                 |
|------------------------------------------------|---------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>THORNTON JEPHTA<br>1900 SUMMIT TOWER BLVD.<br>ORLANDO FL 32810 | <input type="checkbox"/> Delete |
|------------------------------------------------|---------------------------------------------------------------------|---------------------------------|

|                                                |                                                                     |                                 |
|------------------------------------------------|---------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>THORNTON SAMUEL<br>1900 SUMMIT TOWER BLVD.<br>ORLANDO FL 32810 | <input type="checkbox"/> Delete |
|------------------------------------------------|---------------------------------------------------------------------|---------------------------------|

|                                                |                                                             |                                 |
|------------------------------------------------|-------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>CHAIT DANIEL<br>10800 BISCAYNE BLVD.<br>MIAMI FL 33161 | <input type="checkbox"/> Delete |
|------------------------------------------------|-------------------------------------------------------------|---------------------------------|

|                                                |                                                              |                                 |
|------------------------------------------------|--------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>NEW JONATHAN<br>10800 BISCAYNE BLVD.<br>MIAMI FL 33161 | <input type="checkbox"/> Delete |
|------------------------------------------------|--------------------------------------------------------------|---------------------------------|

|                                                |                                                            |                                 |
|------------------------------------------------|------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CP<br>NEW ROBERT<br>10800 BISCAYNE BLVD.<br>MIAMI FL 33161 | <input type="checkbox"/> Delete |
|------------------------------------------------|------------------------------------------------------------|---------------------------------|

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                                                |                                                                         |                                                                              |
|------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>LIPPMAN WAYNE<br>10800 BISCAYNE BLVD., SUITE 800<br>MIAMI FL 33161 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------|

|                                                |                                                                                |                                                                              |
|------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>THORNTON JEPHTA<br>1900 SUMMIT TOWER BLVD., SUITE 860<br>ORLANDO FL 32810 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------|

|                                                |                                                                                |                                                                              |
|------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>THORNTON SAMUEL<br>1900 SUMMIT TOWER BLVD., SUITE 860<br>ORLANDO FL 32810 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------|

|                                                |                                                                        |                                                                              |
|------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>CAUFF STUART<br>10800 BISCAYNE BLVD., SUITE 800<br>MIAMI FL 33161 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------|

|                                                |                                                                         |                                                                              |
|------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>NEW JONATHAN<br>10800 BISCAYNE BLVD., SUITE 800<br>MIAMI FL 33161 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------|

|                                                |                                                                        |                                                                              |
|------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CPD<br>NEW ROBERT<br>10800 BISCAYNE BLVD., SUITE 800<br>MIAMI FL 33161 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: MARTIN KALD

VS

04/25/2000

---

**RICHARD C. GILES, VICE PRESIDENT**  
**33 BLEEKER STREET**

**MILLBURN, NJ 07041**

**TERI M. TRIMMER, ASST. SECRETARY**  
**10800 BISCAYNE BLVD., SUITE 800**

**MIAMI, FL 33161**

**C. DERYL COUCH, ASST. SECRETARY**  
**10800 BISCAYNE BLVD., SUITE 800**

**MIAMI, FL 33161**

**MARTIN KALB, EVP & SECRETARY**  
**10800 BISCAYNE BLVD., SUITE 800**

**MIAMI, FL 33161**

**DAVID VORRATH, VICE PRESIDENT**  
**10800 BISCAYNE BLVD, SUITE 800**

**MIAMI, FL 33161**

**DANIEL CHAIT, VICE PRESIDENT**  
**10800 BISCAYNE BLVD., SUITE 800**

**MIAMI, FL 33161**