DOCUMENT # F9900003089

1. Entity Name

COOPERATIVE COMMUNICATIONS, INC

Principal Place of Business

Mailing Address

420 WASHINGTON AVE. BELLEVILLE NJ 07109

420 WASHINGTON AVE. BELLEVILLE NJ 07109

2. Principal Place of Business	3. Mailing Address
UD CAU AVENUE	DIO CINIA NIDIVIO
MU CUIG MUCNUE	210 CLAY AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
anital i data	Suite, Apr. #, etc.



DO NOT WRITE IN THIS SPACE

	والمناف والمناف والمنافع والمن		والمراجع والمراجع	3	DO NOT WRITE IN I	HIS SPACE	يست با خالدا	
City & Sta	HURST NEW LEASON	City & State	T NIT	4.	FEI Number 22-3076182		Applied For	
Zip	OT / Country	Zip	Country	1/		\$8.75 AC	Vot Applicable	
0/1	DI DREED	0/07/	pereci	5.	Certificate of Status Desired	Fee Requir		
	6. Name and Address of Current Re	gistered Agent		7.	Name and Address of New Registe	red Agent		
	As Us.		Name			:		
NRAI SERVICES; INC.; 1995			0					
526 E. PARK AVENUE				Street Address (P.O. Box Number is Not Acceptable)				
	ASSEE FL 32301			**	······································			
			City	<u> </u>		FL Zip Coo	de	
8. The above	e named entity submits this statement for th	e purpose of changing its re	egistered office o	r registered as				
	,	o perpose of origing its it	sgistored office o	registered ag	gent, or both, in the State of Florida.			
CIONATURE	•							
SIGNATURE	Signature, typed or printed name of registered agent and	itle if applicable. (NOTE: I	Registered Agent signat	ure required when r	oinstation)	ITE		
		(1012.1	registered Agent algrical	are required when i	enstating) DA	.1E		
9. This corp	oration is eligible to satisfy its Intangible		FEE IS \$150.		10. Election Campaign Financing	A = 4		
, may 1, 2002 1 00 mm be 9000.00					Trust Fund Contribution.		00 May Be	
(See Cine	eria on back)	Make Check Payable	to Departmen	t of State	Tradit die Contradion.	— Adde	d to rees	
_11.	OFFICERS AND DIF	RECTORS	12.	\ AE	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11	
TITLE	PCEO	☐ Delete	TITLE			Change	Addition	
NAME	LOMBARDI, LOUIS SR.		NAME			— "		
STREET ADDRESS	420 WASHINGTON AVE.		STREET ADDRESS	210	MACIAU AVE			
CITY-ST-ZIP	BELLEVILLE NJ 07109		CITY-ST-ZIP	LUNE	CLAY AVE HURST, NJ 070	7/		
TITLE	VPCO.	☐ Delete	TITLE	77	101201 / 100 = 1-	Æ Change	Addition 6	
NAME	LOMBARDI, LOUIS A JR	2000	NAME				T Addition (
STREET ADDRESS	420 WASHINGTON AVENUE	*	STREET ADDRESS	210	CAU AVE		1	
CITYST, ZIP	BELLEVILLE NJ 07109		CITY-ST-ZIP	LVND	HURCT NO DOO	7/		
TITLE	VPCF	Delete	TITLE	77100	CUY AVE HURST, NJ 070			
NAME	BRZEZANSKY, JAY M	□ Detete	NAME			Change	☐ Addition	
STREET ADDRESS	420 WASHINGTON AVE.		STREET ADDRESS	JAY /	N BRZEZANSK	V //	}	
CITY-ST-ZIP	BELLEVILLE NJ 07109		CITY-ST-ZIP	210	cay ove	\$ 2',	•	
TITLE	VPF			1900	HUZIT, NI OZ	211		
NAME	LOMBARDI, MICHAEL	☐ Delete	TITLE			Change Change	☐ Addition	
STREET ADDRESS	420 WASHINGTON AVE.		NAME		call hill			
CITY-ST-ZIP	BELLEVILLE NJ 07109		STREET ADDRESS CITY-ST-ZIP	2/0		1		
	DECLEVILLE 140 07 109		CIT-51-ZIP	LYNDA	IURST, NO 0707	<u>/</u>		
TITLE .		☐ Defete	TITLE	•	ng and a second to the partition of	Change,	□ Addition	
NAME STREET ADDRESS	²		NAME			工學和關	19時間以上	
STREET ADDRESS			STREET ADDRESS			循環類關鍵		
CITY-ST-ZIP	43 23 42	***	CITY-ST-ZIP				1.	
NAME AND AREA		Delete .	TITLE			☐ Change	☐ Addition	
	Mente de la Mille	No. 1 Sept. and No. 2	NAME ,					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP				J	
13. I hereby c	ertify that the information supplied with this	filing does not qualify for th	e exemption state	ed in Section 1	19 07(3)(i) Florida Statutos I further	a artiful that the lie	-1	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02

973 759 8100

Daytime Phone #