

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004727

1. Entity Name

MEDICAL LOGISTICS (OF NJ), INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90142 003 ***150.00

Principal Place of Business

Mailing Address

999 RIVERVIEW DRIVE, SUITE 304
TOTOWA NJ 07512

999 RIVERVIEW DRIVE, SUITE 304
TOTOWA NJ 07512-1165

2. Principal Place of Business

3. Mailing Address

999 RIVERVIEW DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FINANCE DEPT.

City & State

City & State

TOTOWA, NJ

Zip

Country

Zip

Country

07512

4. FEI Number

22-3554191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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
SIGNATURE

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

(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
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
THOMPSON, TERRY R
999 RIVERVIEW DRIVE, SUITE 304
TOTOWA NJ 07512 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
SEE ATTACHED

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MARDEN, JAMES
999 RIVERVIEW DRIVE, SUITE 304
TOTOWA NJ 07512 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NEWELL, KENNETH R
999 RIVERVIEW DRIVE, SUITE 304
TOTOWA NJ 07512 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROADHURST, AUSTIN JR.
ONE LANDMARK SQUARE
STAMFORD CT 06901 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KLUGER, MICHAEL J
1177 AVENUE OF THE AMERICAS
NEW YORK NY 10036 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FISHER, STEVEN
1177 AVENUE OF THE AMERICAS
NEW YORK NY 10036 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

973-237-0301
x102

CR2E034 (9/99)