2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005531

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

TAX SERVICES OF AMERICA, INC.

Principal Place of Business	Mailing Address
% LEGAL DEPARTMENT 6 SYLVAN WAY PARSIPPANY NJ 07054	% LEGAL DEPARTMENT 6 SYLVAN WAY PARSIPPANY NJ 07054

REINSTATEMENT 2000

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
339 Jefferson Road	6 Sylvan Way
Suite, Apt. #, etc.	Suite, Apt. #, etc. c/o Legal Dept.
City & State Parsippany, NJ	City & State Parsippany, NJ
Zip 07054	Zip 07054
Country U.S.A.	Country U.S.A.

4. FEI Number 22-3677427 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

300003485868--4
-12/05/00--01016--011
****750.00 ****750.00

City FL

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 Jennifer L. Magna - Special Asst Secy 11/10/2000
(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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	CV BUCKLEY, HARRY 4427 CENTRAL AVENUE OCEAN CITY NJ 08226	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CV BUCKLEY, HARRY 13700 Timber Ridge Road Parkville, MO 64512	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CARDOZO, J. SCOTT DDT. 118 WILTON ROAD RICHMOND VA 23226	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Cardozo, J. Scott 1 Wetmore Avenue Morristown, NJ 07960	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROBERTS, FREDERICK L %612 BOTTOM QUAY CHESAPEAKE VA 23320	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Roberts, Frederick L. 27 Rock Etam Road Randolph, NJ 07869	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Controller/Assistant Secretary Robert D. Holland 1411 Country Hill Road Cranbury, NJ 08512	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/00)

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 REQUIRED R.D. Holland 10/17/00 973 496 4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #