## .2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F9900005531



## FILED Mar 11, 2003 8:00 am Secretary of State

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Salies Apt. #, etc.    Suite, Apt. #, etc.	2. Principal	Place of Business	3. Ma	ailing Address									
COPY & State  City & State  Country  S. Certificate of Sizua Desired   \$8.75 Additional Eagle Registered Agent  Real Registered Agent  Name  CORPORATION SERVICE COMPANY 1201 HAYS STREET  TALLAHASSEE FI. 32301-2525  City  FL Zip Code  FL City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  FL City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  FL City  FL Zip Code	7 Sylv	an Way											
Country   Coun	osto, y pt. ii, ste.								CHECK HERE IF MAKING CHANGES				
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  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 acceptable of Plantia. I am familiar with and acceptable of Plantia. I am familiar w								4. FEI Number 22-3677427				Applied For Not Applicable	
Name	07054	USA			Coun	try		<b>5</b> . C	ertificate of Status Desired				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FI. 32301-2525  Chy FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003. Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT.  MAME STREET ADDRESS 10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT.  MAME STREET ADDRESS 10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT.  MAME STREET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NAME CHIPSEP, JOHN W STREET ADDRESS 11. Campus Drive PARSIPPANY NJ 07054  THE NAME STREET ADDRESS 11. Campus Drive PARSIPPANY NJ 07054  THE NAME STREET ADDRESS 11. Campus Drive PARSIPPANY NJ 07054  THE NAME STREET ADDRESS 11. CAMPUS DR PARSIPPANY NJ 07054  THE NAME STREET ADDRESS 11. CAMPUS DR PARSIPPANY NJ 07054  THE NAME STREET ADDRESS 11. CAMPUS DR PARSIPPANY NJ 07054  THE NAME STREET ADDRESS 11. CAMPUS DR PARSIPPANY NJ 07054  THE NAME STREET ADDRESS 11. CAMPUS DR PARSIPPANY NJ 07054  THE NAME STREET ADDRESS 11. CAMPUS DR PARSIPPANY NJ 07054  THE NAME STREET ADDRESS 11. CAMPUS DR PARSIPPANY NJ 07054  THE NAME STREET ADDRESS 11. CAMPUS DR PARSIPPANY NJ 07054  THE NAME STREET ADDRESS 11. CAMPUS DR PARSIPPANY NJ 07054  THE NAME STREET ADDRESS 11. CAMPUS DR PARSIPPANY NJ 07054  THE NAME STREET ADDRESS 11. CAMPUS DR PARSIPPANY NJ 07054  THE NAME STREET ADDRESS 11. CAMPUS DR PARSIPPANY NJ 07054  THE NAME STREET ADDRESS 11. CAMPUS DR PARSIPPANY NJ 07054  THE NAME STREET ADDRESS 11. CAMPUS DR PARSIPPANY NJ 07054  THE NAME STREET ADDRESS 11. CAMPUS DR PARSIPPANY NJ 07054  THE NAME STREET ADDRESS 11. CAMPUS DR PARSIPPANY NJ 07054  THE NAME STREET ADDRESS 11. CAMPUS DR PARSIPPANY NJ 07054  THE NAME STREET ADDRESS 11. CAMPUS DR PARSIPPANY NJ 07054  THE	<del></del>	6. Name and Address of Current	Register	ed Agent				7. Na	ame and Address of New Reg	istered Aç	jent		
TALLAHASSEE FL 32301-2525  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  MAKE  SINEE ADDRESS  1 CAMPUS DR  CHY-S1-2P  PARSIPPANY NJ 07054  TILE  D PARSIPPANY NJ 07054  TILE  TIL													
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6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    FILE NOW!!! FEE IS \$150.00					ĺ	City				FL	Zip Coo	de	
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TILE I VOTV	NAME Street address	BOCK, ERIC J 9 W 57TH ST NEW YORK NY 10019	•	☐ Delete	NAME STREE		£			Į.		☐ Addition	
NAME HUBER, JOSEPH STREET ADDRESS CITY-ST-ZIP PARSIPPANY NJ 07054  12. 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 logal effect or if made and accurate and that my signature shall have the same logal effect or if made and accurate and that my signature shall have the same logal effect or if made and accurate and that my signature shall have the same logal effect or if made and accurate and that my signature shall have the same logal effect or if made and accurate and that my signature shall have the same logal effect or if made and accurate and that my signature shall have the same logal effect or if made and accurate and that my signature shall have the same logal effect or if made and accurate and that my signature shall have the same logal effect or if made and accurate and that my signature shall have the same logal effect or if made and accurate and that my signature shall have the same logal effect or if made and accurate and that my signature shall have the same logal effect or if made and accurate and that my signature shall have the same logal effect or if made and accurate and that my signature shall have the same logal effect or if made and accurate and that my signature shall have the same logal effect or if made and accurate and that my signature shall have the same logal effect or if made and accurate and that my signature shall have the same logal effect or if made and accurate and that my signature shall have the same logal effect or if made and accurate and that my signature shall have the same logal effect or if made and accurate and that my signature shall have the same logal effect or if made and accurate and that my signature shall have the same logal effect or if made and accurate and that my signature shall have the same logal effect or i	STREET ADDRESS CITY-ST-ZIP	1 CAMPUS DR PARSIPPANY NJ 07054	this filing		NAME STREET CITY-S	ST-ZIP	od in C	on 445	2.07/2\V2) (3.4.1.2)		,	Addition	

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 address, with all other like empowered.

SIGNATURE:

CIGNATURE REQUISSEPH Huber, VP

Daytime Phone #