

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000005937

1. Entity Name
CIRCLE HOUSING CORPORATION



Principal Place of Business
8 CAMPUS DRIVE, 4TH FLOOR
PARSIPPANY, NJ 07054

Mailing Address
8 CAMPUS DRIVE, 4TH FLOOR
PARSIPPANY, NJ 07054



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3496517

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000093099
03/22/04-60003-018 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
MARGOLIS, JOSEPH D
8 CAMPUS DRIVE, 4TH FLOOR
PARSIPPANY, NJ 07054

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
DARK, JOHN W
TWO RAVINA DRIVE, SUITE 1400
ATLANTA, GA 30346

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
LEVY, NOAH
8 CAMPUS DRIVE, 4TH FLOOR
PARSIPPANY, NJ 07054

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
COYLE, BERNADETTE
8 CAMPUS DRIVE, 4TH FLOOR
PARSIPPANY, NJ 07054

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
KENDALL, ELLEN T
8 CAMPUS DRIVE, 4TH FLOOR
PARSIPPANY, NJ 07054

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
TAYSOM, DALE
TWO RAVINA DRIVE SUITE 1400
ATLANTA, GA 30346

**DO NOT WRITE
IN THIS SPACE**

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ellen T. Kendall Ellen T. Kendall, Secretary 1/16/04 (973) 734-1367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #