2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90847 009 ***150.00

DOCUMENT # F99000006225

1. Entity Name
DOMINICA MANAGEMENT, INC.

Principal Place of Business	Mailing Address
~~460 WEST 34TH STREET, 12TH FLOOR~~	~~460 WEST 34TH STREET, 12TH FLOOR~~
~~NEW YORK NY 10001~~	~~NEW YORK NY 10001~~
499 THORNALL STREET, 10TH FLOOR	499 THORNALL STREET, 10TH FLOOR
EDISON, NJ 08837	EDISON, NJ 08837

2. Principal Place of Business	3. Mailing Address
499 THORNALL STREET, 10TH FLOOR	499 THORNALL STREET 10TH FLOOR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
EDISON NJ	EDISON NJ
Zip 08837 / Country USA	Zip 08837 / Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 13-3979959 ☐ 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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. 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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SIMON, NEAL S 460 WEST 34TH STREET, 12TH FLOOR NEW YORK NY 10001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD ROSS, WARREN 460 WEST 34TH STREET, 12TH FLOOR NEW YORK NY 10001	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ST. JAMES, JOHN T 460 WEST 34TH STREET, 12TH FLOOR NEW YORK NY 10001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD FOSTER, TIMOTHY 460 WEST 34TH STREET, 12TH FLOOR NEW YORK NY 10001	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: SIGNATURE REQUIRED 2/28/03 (732) 978-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)