

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90886 046 \*\*\*150.00

**DOCUMENT # G83787**  
**1. Entity Name**  
**THE DYNAMIC COMPACTION COMPANY**

**Principal Place of Business**      **Mailing Address**  
**12 MAPLE AVENUE**      **12 MAPLE AVENUE**  
**PINE BROOK NJ 07058**      **PINE BROOK NJ 07058**

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**4. FEI Number**      **22-2575763**      **Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**TAUBE, LAWRENCE U.**  
**1601 FORUM PLACE**  
**SUITE 301**  
**WEST PALM BEACH FL 33401**

**7. Name and Address of New Registered Agent**

**Name**      **NATIONAL CORPORATE RESEARCH, LTD, INC.**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1406 HAYS STREET, SUITE #2**  
**TALLAHASSEE**  
**City**      **FL**      **Zip Code**      **32301**

**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**      *Wayne Lafanelli, Assistant Secretary*      *4/4/02*  
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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**      **D**      ☒ Delete  
**NAME**      **ST. PIERRE, PATRICIA**  
**STREET ADDRESS**      **12A MAPLE AVE**  
**CITY-ST-ZIP**      **PINE BROOK NJ 42**

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

**TITLE**      **D**      ☐ Delete  
**NAME**      **ADAM, MARGARET B.**  
**STREET ADDRESS**      **12A MAPLE AVE**  
**CITY-ST-ZIP**      **PINE BROOK NJ 42**

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

**TITLE**      **P**      ☐ Delete  
**NAME**      **NELSON, GARY**  
**STREET ADDRESS**      **12A MAPLE AVE**  
**CITY-ST-ZIP**      **PINE BROOK NJ 42**

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

**TITLE**      ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE**      ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE**      ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**13. I hereby certify that the information supplied with this form 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:**      *Gary Nelson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**GARY NELSON, PRESIDENT**

**MARCH 21, 2002 (973) 575-9776**  
Date Daytime Phone #

CR2E034 (9/01)