## 2001 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # H31230**

## UNIT DISTRIBUTION OF NEW JERSEY, INC.

## 05-11-2001 90033 033 \*\*\*150.00 Principal Place of Business Mailing Address 1301 RIVERPLACE BLVD 1301 RIVERPLACE BLVD. #1200 SHITE 1200 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite. Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2467915 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City Zip Code FL 8. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) 11115 TITLE KENNEY, BRIAN A. NAME NAME **500 W MONROE** STREET ADDRESS STREET ADDRESS CHICAGO IL CITY-ST-ZIP CITY-ST-ZIE PD Adaltion TITLE Change ☐ Delete TITLE NICOSIA, JOSEPH A. NAME NAME 1301 RIVERPLACE BLVD, #1200 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-SY-ZIP D۷ Change Addition Delete DEF TITLE GARDNER, MICHAEL J. NAME NAME 1301 RIVERPLACE BLVD, #1200 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-75P 1301 Priverplace Ste 1200 Lax 71 32207 TITLE TITLE HASEK, WILLIAM J NAME NAME **500 W MONROE** STREET ADORESS STREET ADDRESS CITY-ST ZIP CHICAGO IL 60661 CITY-ST-ZIP ☐ Addition Delete TITLE TITLE WISE, BRUCE A NAME NAME 1301 RIVERPLACE BLVD. #1200 STREET ADDRESS STREET ADDRESS CITY-ST-Z<sub>1</sub>P JACKSONVILLE FL 32207 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 eath; 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

th all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

May 11, 2001 8:00 am Secretary of State

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