2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

May 02, 2006 8:00 am Secretary of State DOCUMENT # H45399 05-02-2006 90279 001 *3,611.25 REFERRAL NETWORK, INC. Principal Place of Business Mailing Address 1 CAMPUS DRIVE PARSIPPANY NJ 07054 339 JEFFERSON RD PARSIPPANY NJ 07054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2541359 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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 profiled name of registered agent and fillo if applicables (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 ☐ Change ☐ Addition TITLE DEVP ☐ Delete TITLE NAME BUCKMAN, JAMES E NAME STREET ADDRESS 9 WEST 57TH STREET STREET ADDRESS NEW YORK NY 10019 CITY-ST-ZIP CITY-ST-ZIP DEVP ☐ Change Addition TITLE ☐ Delete TITLE SMITH, RICHARD A STREET ADDRESS 1 CAMPUS DRIVE STREET ADDRESS CITY-ST-7IP PARSIPPANY NJ 07054 CITY-ST-ZIP Change Addition TITLE ☐ Delete DILE NAME NAME WYSHNER, DAVID B STREET ADDRESS STREET ADDRESS 1 CAMPUS DRIVE CITY-ST-ZIP PARSIPPANY NJ 07054 CITY-ST-7IP TITLE **PCFO** ☐ Delete Change Addition ZIPF, BRUCE NAME STREET ADDRESS 339 JEFFERSON RD STREET ADDRESS CITY-ST-ZIP PARSIPPANY NJ 07054 CITY-ST-7IP **EVPS** TITLE ☐ Delete ☐ Change Addition TITLE BOCK, ERIC J NAME 9 WEST 57TH STREET STREET ADDRESS STREET ADDRESS NEW YORK NY 10019 CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change ☐ Addition TITLE HUBER, JOSEPH J NAME NAME 1 CAMPUS DRIVE STREET ADDRESS STREET ADDRESS NEW JERSEY NJ 07054 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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. 4/20/06 Date SIGNATURE AND A FED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #

ATTACHMENT # 445399

Referral Network Inc.

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