2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 29, 2001 8:00 am **DOCUMENT # K47117** Secretary of State 1. Entity Name NORTON HERRICK, INC. 03-29-2001 91023 001 11.745.50 Principal Place of Business Mailing Address 2295 CORPORATE BLVD. N.W., SUITE 222 2295 CORPORATE BLVD. N.W., SUITE 222 BOCA RATON FL 33431 **BOCA RATON FL 33431** 66575 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0086531 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HERRICK, NORTON Street Address (P.O. Box Number is Not Acceptable) 2295 CORP. BV. N.W. #222 **BOCA RATON FL 33431** 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change **PDST** ☐ Delete TITLE TITLE NAME HERRICK, NORTON NAME STREET ADDRESS STREET ADDRESS 2295 CORP. BV. N.W. #222 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Addition **VPAS** ☐ Delete TITLE TITLE Hemck, Howard HERRICK, HOWARD NAME NAME STREET ADDRESS Ridgedale Ara edar Knolls N SH 370 20 COMMUNITY PL STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MORRISTOWN NJ 07960 Change ☐ Addition TITLE **VPAS** ☐ Delete TITLE ternok, Michael HERRICK, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 20 COMMUNITY PL Ridsedale Avc SH 370 CITY-ST-ZIP CITY-ST-ZIP **MORRISTOWN NJ 07960** 07927 Addition ☐ Change TITLE ☐ Delete TITLE ralli. Nisar NAME NAME Ste 370 daedale Arc. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITI F Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 viustee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

3.77-01