

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90022 012 \*\*\*\*50.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # M01000001927**

1. Entity Name  
**AJILON LLC**

Principal Place of Business  
**210 W. PENNSYLVANIA AVE.**  
**SUITE 650**  
**TOWSON MD 21204**

Mailing Address  
**210 W. PENNSYLVANIA AVE.**  
**SUITE 650**  
**TOWSON MD 21204**

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

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** 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.

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 \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM**  
**AJILON HOLDINGS, LLC**  
**175 BROAD HOLLOW ROAD**  
**MELVILLE NY 11747** ☐ 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  
*SEE SCHEDULE*

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*HARVEY S. MAHEIMER*

*3/15/02*

*631-444-4907*

CR2E083 (9/01)

Attachment  
~~CONFIDENTIAL~~  
#MO1000061927  
82528

#MO1000061927  
8U528

## OFFICERS

**Park 80 West- Plaza II  
Garden State Parkway @ I-80 9<sup>th</sup> Floor  
Saddle Brook, NJ 07663**

~~210 West Pennsylvania Avenue~~  
Suite 650  
Towson, Maryland 21204

**210 West Pennsylvania Avenue  
Suite 650  
Towson, Maryland 21204**

**210 West Pennsylvania Avenue  
Suite 650  
Towson, Maryland 21204**

175 Broad Hollow Road  
Melville, New York 11747

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Melville, New York 11747

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Melville, New York 11747