FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90279 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M83767

1. Corporation Name

UNIT DISTRIBUTION OF EAST HANOVER, INC.

Principal Place of Business Mailing Address		
1301 RIVERPLACE BLVD 1301 RIVERPLACE BLVD. #1200 1200 C/O PATRICK MURPHY 140CKSONNULE 51 32307 DO NOT WRITE IN THIS SE	DACE	
DAGNOONVILLE I L SEED!	PACE	
US		
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied Fo	
21 59-2894601	Not Applic	
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	\$8.75 Addition:	al
22 27	Fee Required	
City & State City & State 6. Election Campaign Financing	\$5.00 May Be	
23 Trust Fund Contribution	Added to Fees	
Zip Country Zip Country 8, This corporation owes the current year Intang		
24 25 29 30 1000101112211	¥Yes □No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Ag	gent	
THE DESIGNAL CORPORATION SYSTEM INC		
THE PRENTICE-HALL CORPORATION SYSTEM INC. 82 Street Address (P.O. Box Number is Not Acceptable)		
1201 HAYS STREET		
SUITE 105		
TALLAHASSEE FL 32301	85 Zip Code	
FL		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of choffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointm agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	nanging its register ment as registered	-
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE	neilt as legistered	-
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the application agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN	-
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and trie if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE TITLE TITLE VICE PRESIDENT	DIRECTORS IN	-
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and trie if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE TITLE TITLE VICE PRESIDENT	DIRECTORS IN	-
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE TO BELETE 1.1 TITLE VICE PRESIDENT STREET ADDRESS 500 W MONROE 1.3 STREET ADDRESS 500 W MONROE	DIRECTORS IN	-
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the application agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE TITLE KENNEY, BRIAN A 1.2 NAME KENNY, BRIAN A STREET ADDRESS 500 W MONROE 1.3 STREET ADDRESS 500 W MONROE CHICAGO IL 1.4 CITY-ST-ZIP CHICAGO IL	DIRECTORS IN Change A	- 12 ddition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the application agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12.	DIRECTORS IN Change A	-
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the application agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE VICE PASSIDENT NAME KENNEY, BRIAN A 1.2 NAME KENNY, BRIAN A STREET ADDRESS 500 W MONROE 1.3 STREET ADDRESS CITY-ST-ZIP CHICAGO IL 1.4 CITY-ST-ZIP CHICAGO IL TITLE VD GARDNER, MICHAEL J CHARGE CALL CALL CALL CHARGE CHARG	DIRECTORS IN Change A	- 12 ddition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the application agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE VICE PASSIDENT KENNEY, BRIAN A 1.2 NAME KENNY, BRIAN A STREET ADDRESS 500 W MONROE 1.3 STREET ADDRESS CITY-ST-ZIP CHICAGO IL 1.4 CITY-ST-ZIP CHICAGO IL TITLE VD NAME GARDNER, MICHAEL J STREET ADDRESS 1301 RIVERPLACE BLVD #1200 23 STREET ADDRESS 500 W, MONROE 23 STREET ADDRESS 500 W, MONROE	DIRECTORS IN Change A	- 12 ddition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the application agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE VICE PASSIDENT KENNEY, BRIAN A 1.2 NAME KENNY, BRIAN A STREET ADDRESS 500 W MONROE 1.3 STREET ADDRESS CITY-ST-ZIP CHICAGO IL TITLE VD NAME GARDNER, MICHAEL J STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 2.4 CITY-ST-ZIP Chicago, TL LOOLOG CITY-ST-ZIP Chicago, TL LOOLOG CITY-ST-ZIP Chicago, TL LOOLOG CHICAGO, TL LOOLOG CITY-ST-ZIP JACKSONVILLE FL Chicago, TL LOOLOG CHICAGO, TL LOOLOG CITY-ST-ZIP JACKSONVILLE FL Chicago, TL LOOLOG	DIRECTORS IN Change A	12 ddition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the application agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE VICE PASSIDENT KENNEY, BRIAN A 1.2 NAME KENNY, BRIAN A STREET ADDRESS 500 W MONROE 1.3 STREET ADDRESS CITY-ST-ZIP CHICAGO IL TITLE VD NAME GARDNER, MICHAEL J STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 2.4 CITY-ST-ZIP Chicago, TL LOOLOG CITY-ST-ZIP Chicago, TL LOOLOG CITY-ST-ZIP Chicago, TL LOOLOG CHICAGO, TL LOOLOG CITY-ST-ZIP JACKSONVILLE FL Chicago, TL LOOLOG CHICAGO, TL LOOLOG CITY-ST-ZIP JACKSONVILLE FL Chicago, TL LOOLOG	DIRECTORS IN Change A	- 12 ddition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the application agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATUR	DIRECTORS IN Change A	12 ddition
office or registered agent, or both, in the State of Florida. Such change was authonzed by the corporation's board of directors. I hereby accept the application agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATUR	DIRECTORS IN Change A	12 ddition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the application agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE NAME KENNEY, BRIAN A 1.2 NAME KENNY, BRIAN A 1.3 STREET ADDRESS 500 W. MONROE CITY-ST-ZIP CHICAGO IL 1.4 CITY-ST-ZIP CHICAGO IL 1.4 CITY-ST-ZIP NAME GARDNER, MICHAEL J STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL DP DELETE DP DELETE 3.1 TITLE DP DELETE 3.2 NAME STREET ADDRESS SOO W. MONROE 2.4 CITY-ST-ZIP CHICAGO, TL LOCAGO TILL DOLOL TITLE DP DELETE 3.1 TITLE DP DELETE 3.2 NAME STREET ADDRESS 1301 RIVERPLACE BLVD SUITE 1200 3.3 STREET ADDRESS STREET ADDRESS SOO W. MONROE 2.4 CITY-ST-ZIP CHICAGO, TL LOCAGO TL LOCAGO TL LOCAGO TL LOCAGO STREET ADDRESS SOO W. MONROE 2.4 CITY-ST-ZIP CHICAGO TITLE DP AMME NICOSIA, JOSEPH A STREET ADDRESS 1301 RIVERPLACE BLVD SUITE 1200 3.3 STREET ADDRESS	DIRECTORS IN Change A	12 ddition
office or registered agent, or both, in the State of Florida. Such change was authonized by the corporation's board of directors. I hereby accept the application agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATU	DIRECTORS IN ∴ Change A	12 ddition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the application agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and trid of applicable. (NOTE: Registered Agent algnature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME KENNEY, BRIAN A STREET ADDRESS 500 W MONROE CITY-ST-ZIP CHICAGO IL TITLE VD NAME GARDNER, MICHAEL J STREET ADDRESS 1301 RIVERPLACE BLVD #1200 CITY-ST-ZIP JACKSONVILLE FL TITLE DP NICOSIA, JOSEPH A STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL TITLE S DELETE 1.1 TITLE VICE PRESIDENT KENNY, BCIAN A 1.2 NAME 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE DP NICOSIA, JOSEPH A STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL TITLE S DELETE 4.1 TITLE DELETE 4.1 TITLE CITY-ST-ZIP TITLE S DELETE 4.1 TITLE LOCKSONVILLE FL TITLE S DELETE 4.1 TITLE	DIRECTORS IN Change A	12 ddition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the applicitude agent, a moderal familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE TO DELETE 1.1 TITLE KENNEY, BRIAN A 1.2 NAME KENNEY, BRIAN A 1.3 STREET ADDRESS 500 W MONROE 1.3 STREET ADDRESS 500 W. MONROE 1.3 STREET ADDRESS CITY-ST-ZIP CHICAGO IL TAGENS USER THOMAS W. REEDLY STREET ADDRESS 1301 RIVERPLACE BLVD #1200 2.3 STREET ADDRESS 1301 RIVERPLACE BLVD #1200 2.3 STREET ADDRESS 1301 RIVERPLACE BLVD SUITE 1200 3.3 STREET ADDRESS 1301 RIVERPLACE BLVD SUITE 1200 3.4 CITY-ST-ZIP TITLE S DELETE 4.1 TITLE LEVIN, JOHN D.	DIRECTORS IN Change A	12 ddition
office or registered agent, or both, in the State of Florida. Such change was authonized by the corporation's board of directors. Thereby accept the application and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SI	DIRECTORS IN Change A	12 ddition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointing agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and trile if applicable. 12.	DIRECTORS IN Change A	12 ddition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Doard of directors. I hereby accept the appointing agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyperic printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalting) DATE 12.	DIRECTORS IN Change A	12 12 ddition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointing agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tide of applicable. (NOTE: Registered Agent signature required when reinstalling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE KENNEY, BRIAN A STREET ADDRESS 500 W MONROE 13. STREET ADDRESS 500 W MONROE 14. CITY-ST-ZIP TARES SURVEY THE DP NAME NICOSIA, JOSEPH A STREET ADDRESS CITY-ST-ZIP NICOSIA, JOSEPH A STREET ADDRESS CITY-ST-ZIP NICOSIA, JOSEPH A STREET ADDRESS CITY-ST-ZIP SON W MONROE 13. STREET ADDRESS CITY-ST-ZIP TITLE S DELETE 11. TITLE S SON W MONROE 4. 2 NAME STREET ADDRESS CITY-ST-ZIP SON W MONROE 4. 2 NAME 12. NAME 13. STREET ADDRESS CITY-ST-ZIP TITLE S CHICAGO IL THOMAS R. SCANLIN DATE ADDITIONS/CHANGES TO GET ADDRESS TO OFFICERS AND INTITE SITHER SITHER TADDRESS SON W MONROE 4. 2 NAME STREET ADDRESS CHICAGO IL THOMAS R. SCANLIN	DIRECTORS IN Change A	12 12 ddition
office or registered agent, or both, in the State of Florida. Such change was authonized by the corporation's board of directors. Thereby accept the agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statuture required when reinstating) DATE SIGNATURE SIGNATURE DELETE 1. TITLE MAME KENNEY, BRIAN A STREET ADDRESS SIGNAN A STREET ADDRESS SOO W MONROE GIV-ST-ZIP SIGNAN A STREET ADDRESS SOO W MONROE STREET ADDRESS STREET ADDRESS SOO W MONROE STREET ADDRESS STRE	DIRECTORS IN Change A	12 12 ddition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the obligations of, Section 607,0505, Florida Statute. SIGNATURE SIGNATUR	DIRECTORS IN Change A	12 12 ddition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP