

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90032 047 \*\*\*\*50.00

0044220

**DOCUMENT # M94000000177**

1. Entity Name

**P.A. POST AGENCY, L.L.C., L.C.**

Principal Place of Business

**401 HACKENSACK AVENUE  
HACKENSACK NJ 07601**

Mailing Address

**401 HACKENSACK AVENUE  
HACKENSACK NJ 07601****930655**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **22-3338243**Applied For  
Not Applicable5. 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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET, SUITE 105  
TALLAHASSEE FL 32301**

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	<input type="checkbox"/> Delete
	<b>MRGM</b>			
	<b>POST, THOMAS S JR.</b>			
	<b>401 HACKENSACK AVENUE</b>			
	<b>HACKENSACK NJ 07601</b>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 REQUIRED**

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

**3/2/02**

Date

**201-342-2180**

Daytime Phone #

CR2E083 (9/01)