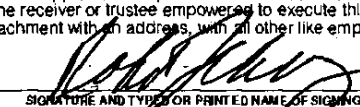


**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90126 049 \*\*\*550.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 |     |                                                                    |                                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # M99771</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 |     |                                                                    |                                                                     |  |
| 1. Entity Name<br><b>MELDISCO K-M 500 U.S. HWY. #1 N. FL., 3543 INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 |     |                                                                    |                                                                                                                                                      |  |
| Principal Place of Business<br><b>500 US HWY 1 N.<br/>TEQUESTA, FL 33469 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 |     | Mailing Address<br><b>933 MACARTHUR BLVD.<br/>MAHWAH, NJ 07430</b> |                                                                                                                                                      |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                 |     | 3. Mailing Address<br><br>Suite, Apt. #, etc.                      |                                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 |     | City & State                                                       |                                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                         | Zip | Country                                                            | 4. FEI Number<br><b>22-2921521</b>                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 |     |                                                                    | Applied For<br>Not Applicable                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 |     |                                                                    | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                      |  |
| 6. Name and Address of Current Registered Agent<br><b>UNITED STATES CORPORATION COMPANY<br/>1201 HAYS STREET<br/>SUITE 105<br/>TALLAHASSEE, FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 |     |                                                                    | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number Is Not Acceptable)<br><br><br>City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |     |                                                                    |                                                                                                                                                      |  |
| SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                 |     |                                                                    |                                                                                                                                                      |  |
| FILE NOW!!! FEE IS \$160.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                 |     |                                                                    |                                                                                                                                                      |  |
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                 |     |                                                                    |                                                                                                                                                      |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                 |     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11              |                                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T<br>GUINNESSEY, KATHLEEN<br>933 MACARTHUR BLVD.<br>MAHWAH, NJ 07430 <input checked="" type="checkbox"/> Delete |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | Treasurer<br>VINCENT ZANNA<br>933 MACARTHUR BLVD., MAHWAH, NJ 07430 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br>SHEPARD, JEFFREY<br>933 MACARTHUR BLVD<br>MAHWAH, NJ <input type="checkbox"/> Delete                       |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | V<br>PROFFITT, RANDALL<br>933 MACARTHUR BLVD.<br>MAHWAH, NJ <input type="checkbox"/> Delete                     |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AT<br>BAUMLIN, THOMAS<br>933 MACARTHUR BLVD<br>MAHWAH, NJ 07430 <input checked="" type="checkbox"/> Delete      |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S<br>RICHARDS, MAUREEN<br>933 MACARTHUR BLVD<br>MAHWAH, NJ <input type="checkbox"/> Delete                      |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                 |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |  |
| 12. 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 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. |                                                                                                                 |     |                                                                    |                                                                                                                                                      |  |
| SIGNATURE:  <b>7/14/03</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 |     |                                                                    |                                                                                                                                                      |  |

CR2E034 (10/02)

*Attachment*  
Meldisco K-M - 51% Owned Subsidiaries  
Officer and Director List

90145128  
M99771

|                                     | <u>Business Address:</u> | <u>City, State, Zip</u> |
|-------------------------------------|--------------------------|-------------------------|
| <b><u>President</u></b>             |                          |                         |
| Jeffrey A. Shepard                  | 933 MacArthur Boulevard  | Mahwah, NJ. 07430       |
| <b><u>Senior Vice President</u></b> |                          |                         |
| Randall S. Proffitt                 | 933 MacArthur Boulevard  | Mahwah, NJ. 07430       |
| Robert Ravener                      | 933 MacArthur Boulevard  | Mahwah, NJ. 07430       |
| <b><u>Vice President</u></b>        |                          |                         |
| Henry Wansing                       | 3100 West Big Beaver     | Troy, MI. 48084         |
| Bernard McCracken                   | 933 MacArthur Boulevard  | Mahwah, NJ. 07430       |
| Kathleen Guinnesssey                | 1 Crosfield Avenue       | West Nyack, NY. 10994   |
| <b><u>Treasurer</u></b>             |                          |                         |
| Kathleen Guinnesssey                | 1 Crosfield Avenue       | West Nyack, NY. 10994   |
| <b><u>Secretary</u></b>             |                          |                         |
| Maureen Richards                    | 1 Crosfield Avenue       | West Nyack, NY. 10994   |
| <b><u>Assistant Secretary</u></b>   |                          |                         |
| Marc G. Schuback                    | 1 Crosfield Avenue       | West Nyack, NY. 10994   |
| Thomas Wojno                        | 1 Crosfield Avenue       | West Nyack, NY. 10994   |
| Thomas Baumlín                      | 1 Crosfield Avenue       | West Nyack, NY. 10994   |
| Bernard McCracken                   | 933 MacArthur Boulevard  | Mahwah, NJ. 07430       |
| Ashish Christian                    | 1 Crosfield Avenue       | West Nyack, NY. 10994   |
| Andrea Galante                      | 3201 W. Royal Lane       | Irving, TX. 75063       |
| Krista Kersting                     | 1 Crosfield Avenue       | West Nyack, NY. 10994   |
| Judith Laquidara                    | 1 Crosfield Avenue       | West Nyack, NY. 10994   |
| Michael Mansoor                     | 90 McKee Drive           | West Nyack, NY. 10994   |
| Ronald Maday                        | 1 Crosfield Avenue       | West Nyack, NY. 10994   |
| Marc Miller                         | 1 Crosfield Avenue       | West Nyack, NY. 10994   |
| Randall S. Proffitt                 | 933 MacArthur Boulevard  | Mahwah, NJ. 07430       |
| Robert K. Schilling                 | 1 Crosfield Avenue       | West Nyack, NY. 10994   |
| Vincent Zanna                       | 1 Crosfield Avenue       | West Nyack, NY. 10994   |
| <b><u>Directors</u></b>             |                          |                         |
| Jeffrey A. Shepard                  | 933 MacArthur Boulevard  | Mahwah, NJ. 07430       |
| Marc G. Schuback                    | 1 Crosfield Avenue       | West Nyack, NY. 10994   |
| James E. Defebaugh                  | 933 MacArthur Boulevard  | Mahwah, NJ. 07430       |
| Randall S. Proffitt                 | 933 MacArthur Boulevard  | Mahwah, NJ. 07430       |