700213-ANR2007

2002 UNIFORM BUSINESS REPORT (UBR)

Aug 06, 2002 8:00 am Secretary of State DOCUMENT # P00000018265 1. Entity Name 08-06-2002 90132 029 ***550.00 SUNRISE FEET, INC. Principal Place of Business Mailing Address 13001 W SUNRISE BLVD 933 MACARTHUR BOULEVARD SUNRISE FL 33323 MAHWAH NJ 07430 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0984689 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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. SIGNATŮRE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITI F Addition A Change VICE PRESIDENT NAME GORDON, JEFFREY A Romald Steese STREET ADDRESS 933 MACARTHUR BLVD STREET ADDRESS 67 MILLBROOK Since, Homester MASS 01606 CITY-ST-ZIP MAHWAH NJ 07430 CITY-ST-ZIP TITLE **VPT** ASST. SECY. ☐ Delete TITLE ☐ Change ☐ Addition GUINNESSEY, KATHLEEN Timothy Garahan NAME STREET ADDRESS 933 MACARTHUR BLVD STREET ADDRESS 57 MILLBROOK STREET, WORCESTER MASS 01606 CITY-ST-ZIP MAHWAH NJ 07430 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RICHARDS, MAUREEN NAME STREET ADDRESS 933 MACARTHUR BLVD STREET ADDRESS C(TY-ST-ZIP MAHWAH NJ 07430 CITY-ST-7IP AS TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SCHILLING, ROBERT K NAME STREET ADDRESS 933 MACARTHUR BLVD STREET ADDRESS CITY-ST-ZIP MAHWAH NJ 07430 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SCHUBACK, MARC G NAME STREET ADDRESS 933 MACARTHUR BLVD STREET ADDRESS CITY-ST-ZIP MAHWAH NJ 07430 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 11 or Block 12 if

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