2001 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2001 8:00 am Secretary of State DOCUMENT # P00105 1. Entity Name MONROE SYSTEMS FOR BUSINESS, INC. 04-03-2001 90049 012 ***150.00 Principal Place of Business Mailing Address #1 STEWART COURT #1 STEWART COURT DENVILLE NJ 07834 DENVILLE NJ 07834 いといむまひいるい 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 95-3815690 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 5 Change : ☐ Addition VCD Delete TITLE TITLE KELSKY, RICHARD B. NAME NAME STREET ADDRESS **#1 STEWART COURT** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DENVILLE NJ 07834** ☐ Change ☐ Addition TITLE Delete TITLE NAME PICOWER, JEFFRY M. NAME STREET ADDRESS **#1 STEWART COURT** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DENVILLE NJ 07834** _ P . . . Change . ☐ Addition TITLE VP. Delete ---TITLE NAME ESTES, JAMES A NAME STREET ADDRESS STREET ADDRESS #1 STEWART COURT CITY-ST-ZIP CITY-ST-ZIP **DENVILLE NJ 07834** ☐ Addition ☐ Change TITI F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ■ Addition TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: =

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01

973.537-2100

Daytime Phone #