

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90087 016 ***150.00

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04062005 Chg-P CR2E034 (10/03)

4. FEI Number
13-3179826

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BOHINSKI, JOHN F SR**
STREET ADDRESS **485-E US HWY 1 SOUTH SUITE 370**
CITY-ST-ZIP **ISELIN, NJ 08830**

TITLE **T** ☐ Delete
NAME **WILLIAMSON, ANTHONY J**
STREET ADDRESS **ONE METLIFE PLAZA, 27-01 QUEENS PLAZA N**
CITY-ST-ZIP **LONG ISLAND CITY, NY 11101**

TITLE **V** ☐ Delete
NAME **KIRSOPP, KIMBERLY B**
STREET ADDRESS **485 E US HWY 1 SOUTH SUITE 370**
CITY-ST-ZIP **ISELIN, NJ 08830**

TITLE **S** ☐ Delete
NAME **SHUMAN, IRA H**
STREET ADDRESS **ONE METLIFE PLAZA, 27-01 QUEENS PLAZA N.**
CITY-ST-ZIP **LONG ISLAND CITY, NY 11101**

TITLE **D** ☒ Delete
NAME **ACSELROD, DAVID M**
STREET ADDRESS **501 BOYLSTON STREET**
CITY-ST-ZIP **BOSTON, MA 02116**

TITLE **D** ☒ Delete
NAME **JORDAN, JOSEPH W**
STREET ADDRESS **HARBORSIDE FINANCIAL CENTER, 600 PLAZA II**
CITY-ST-ZIP **JERSEY CITY, NJ 07311**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President & Director** ☐ Change ☒ Addition
NAME **Peter J. Renna**
STREET ADDRESS **485-E US Highway 1 S.**
CITY-ST-ZIP **Iselin, NJ 08830**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Assistant Secretary** ☒ Change ☐ Addition
NAME **Ira H. Shuman**
STREET ADDRESS **One MetLife Plaza, 27-01 Queens Plaza N.**
CITY-ST-ZIP **Long Island City, NY 11101**

TITLE **Assistant Vice President** ☐ Change ☒ Addition
NAME **Gregory M. Harrison**
STREET ADDRESS **One MetLife Plaza, 27-01 Queens Plaza N.**
CITY-ST-ZIP **Long Island City, NY 11101**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **James D. Shughan**
STREET ADDRESS **One MetLife Plaza, 27-01 Queens Plaza N.**
CITY-ST-ZIP **Long Island City, NY 11101**

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:

Gregory M. Harrison

Gregory M. Harrison, A V P, 04// /05, 212-578-4832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #