COF ANNL	PROFIT RPORATION JAL REPORT		FLORIDA DEPA Sandra Secret	DEPARTMENT OF STATE  ndra B. Mortham  Secretary of State  NO OF CORPORATIONS		FILED Jan 30 1998 8:00am Secretary of State		
	MENT # P0818 SAVE, INC.	37	(7)					
Principal Place of Business Mailing Address  2 PARAGON DRIVE 2 PARAGON DRIVE ATTN: TAX DEPARTMENT ATTN: TAX DEPARTMENT MONTVALE NJ 07645 MONTVALE NJ 07645						DO NOT WRITE IN  3. Date Incorporated or Qualified		
	ace of Business	2a. Maili	ng Address			11/25/1985 4. FEI Number		Applied For
Suite, Apt.	#. etc.	26 Suite	, Apt. #, etc.			23-1658636	¢9.75	Not Applicable Additional
22		27				5. Certificate of Status Desired		Required
City & State	•	City 2	& State			6. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip		<u> </u>	untry	8. This corporation owes or has paid th	e current year li	ntangible
24	25 9. Name and Address of Curre	29  nt Registered	Agent	30		Personal Property Tax due June 30.  10. Name and Address of New Registre		∐ No
TAL	TE 105 LAHASSEE FL 32301  o the provisions of Sections 607.05 costered agent, or both, in the State	02 and 607.150	08, Florida Statu ch change was	ites, the a	83   84   City	ress (P.O. Box Number is Not Acceptable)  poration submits this statement for the purportion's board of directors. I hereby accept the		Code  Its registered
	n familiar with, and accept the oblig	gations of, Sect	ion 607.0505, F	lorida Sta	tutes.	tions board or directors. Thereby accept the	appointment a	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicate the property of the		TE. Registere	d Agent signature requi		TE PIDECTO	
TITLE	VD OFFICERS AN	D DINECTORS	DELETE	1.1 T	ITLE	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
NAME STREET ADDRESS CITY - ST - ZIP	ULRICH, R.G. 2 PARAGON DRIVE MONTVALE NJ				TREET ADDRESS			RS IN 12
TITLE			DELETE	2.1 T	TLE	1	Change	Addition
NAME STREET ADDRESS				2.2 N 2.3 S	AME Treet address			
CITY-ST-ZIP				2.40	CITY-ST-ZIP	ALCONOMIC INC.	[****]	
NAME STREET ADDRESS			∐ DEŁETE	3.1 TI 3.2 N 3.3 S			∐ Change	Addition 1
CITY-ST-ZIP			☐ DELETE	_	T) C		Change	Addition
TITLE NAME			L DELETE	4.1 TI 4. 2 N			L Change	Addition
STREET ADDRESS				4.3 \$7	TREET ADDRESS			
TITLE			DELETE	4.4 CI 5.1 TI	TLE		☐ Change	Addition
NAME STREET ADDRESS				5.2 N/ 5.3 S1	AME FREET ADDRESS			
CITY-ST-ZIP TITLE			DELETE	5,4 CI 6,1 YI	TY-ST-ZIP TLE		Change	Addition
NAME STREET ADDRESS				6.2 N/ 6.3 S1	AME TREET ADDRESS		•	_
City-St-Zip				■ 6.4 Ct	TY-ST-ZIP			

RECEIPTATION RECORDER G. Uking

1.16-98 (201) 573.9700

SIGNATURE: