

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08187

Entity Name: KWIK SAVE, INC.

FILED  
Mar 31, 2009  
Secretary of State

**Current Principal Place of Business:**

2 PARAGON DRIVE  
ATTN: TAX DEPARTMENT  
MONTVALE, NJ 07645

**New Principal Place of Business:**

**Current Mailing Address:**

2 PARAGON DRIVE  
ATTN: TAX DEPARTMENT  
MONTVALE, NJ 07645

**New Mailing Address:**

FEI Number: 23-1658636      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GUATTIERI, MICHAEL  
Address: 2PARAGON DRIVE  
City-St-Zip: MONTVALE, NJ 07645

Title: VP ( ) Delete  
Name: MOSS, WILLIAM  
Address: 2 PARAGON DRIVE  
City-St-Zip: MONTVALE, NJ 07645

Title: T ( ) Delete  
Name: GALGONO, BRENDA  
Address: 2 PARAGON DRIVE  
City-St-Zip: MONTVALE, NJ

Title: VP ( ) Delete  
Name: MCGARRY, CHRISTOPHER  
Address: 2 PARAGON DRIVE  
City-St-Zip: MONTVALE, NJ 07645

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL GUALTIERI

P

03/31/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date