

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90141 027 \*\*\*150.00

DOCUMENT # P11593

1. Corporation Name

SUMMIT FINANCIAL RESOURCES, INC.

Principal Place of Business

4 CAMPUS DR  
PARSIPPANY NJ 07054  
US

Mailing Address

4 CAMPUS DRIVE  
PARSIPPANY NJ 07054  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1986

4. FEI Number

22-2388369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	STUBBS, FREDERICK R.	
STREET ADDRESS	4 CAMPUS DRIVE	
CITY-ST-ZIP	PARSIPPANY NJ	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WEINMAN, STEVEN	
STREET ADDRESS	4 CAMPUS DRIVE	
CITY-ST-ZIP	PARSIPPANY NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SALVO, SAL R.	
STREET ADDRESS	4 CAMPUS DRIVE	
CITY-ST-ZIP	PARSIPPANY NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAPPADOPOULOUS, JOHN M.	
STREET ADDRESS	4 CAMPUS DRIVE	
CITY-ST-ZIP	PARSIPPANY NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPADA, JOSEPH W	
STREET ADDRESS	4 CAMPUS DRIVE	
CITY-ST-ZIP	PARSIPPANY NJ	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCNEER, REMBERT D	
STREET ADDRESS	4 CAMPUS DRIVE	
CITY-ST-ZIP	PARSIPPANY NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lawrence L. Grypp	
1.3 STREET ADDRESS	4 Campus Drive	
1.4 CITY-ST-ZIP	Parsippany, NJ 07054	
2.1 TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Steven Weinman	
2.3 STREET ADDRESS	4 Campus Dr., Parsippany NJ 07054	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VP, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Rembert D. McNeer	
6.3 STREET ADDRESS	4 Campus Drive, Parsippany, NJ 07054	
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 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

4/12/1999 973 285 3600

Date

Daytime Phone #

000222

CRZE034 (11/98)