2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 02-20-2004 90015 029 ***150.00 **DOCUMENT # P25483** 1. Entity Name BRCMC, INC. Principal Place of Business Mailing Address 94018572 WOODLAND FALLS CORPORATE PARK, % BLANK, ROME, COMISKY & MCCAULEY 1200 N. FEDERAL HWY., STE 417 210 LAKE DR., EAST, SUITE 200 CHERRY HILL, NJ 08002 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address Blank Rome LLP Suite, Apt. #, etc. Suite, Apt. #, etc. 01202004 Chg-P CR2E034 (10/03) 1200 N. Federal Hwy., Ste 417 4. FEI Number Applied For City & State City & State Boca Raton, FL 22-2981580 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33432 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEEDS, MICHAEL H Street Address (P.O. Box Number is Not Acceptable) 1200 N. FEDERAL HIGHWAY STE. 417 BOCA RATON, FL 33432 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE TITLE Addition Delete RUTTENBERG, FRED A NAME NAME 210 LAKE DR. E. #200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHERRY HILL, NJ CITY-ST-7IP Change TITLE ☐ Delete TITI F Addition LEEDS, MICHAEL H NAME NAME STREET ADDRESS 1200 N. FEDERAL HWY. STE. 417 STREET ADDRESS CITY ST. 7IP BOCA RATON, FL 33432 CITY-ST-21P Addition TITLE ☐ Delete TITLE Change WEINSTEIN, STEVEN D. NAME NAME 210 LAKE DR. E. #200 STREET ADDRESS STREET ADDRESS City-St-ZiP CHERRY HILL, NJ CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change - 🔲 Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 20, 2004 8:00 am

856-779-3600

Daytime Phone #