


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90232 048 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P28788*
 1. Entity Name *Decar Hket Management*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 1209 Orange Street
 Suite, Apt. #, etc.

3. Mailing Address
 1 Campus Drive
 Suite, Apt. #, etc.
 Wing 3B, Legal Dept

City & State
 Wilmington, DE

City & State
 Parsippany, NJ

Zip
 19801

Country
 USA

Zip
 07054

Country
 USA

4. FEI Number
 11-3007068

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
 CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
 8751 West Broward Blvd.

City
 Plantation

FL

Zip Code
 33324

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) DATE _____

January 1st Fee is \$150.00
 After May 1st Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President Domenic Borriello 1209 Orange Street Wilmington, DE 19801	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/VP & Secretary A.M. Horne 1209 Orange Street Wilmington, DE 19801	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/VP & Treasurer Kim E. Lutthans 1209 Orange Street Wilmington, DE 19801	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Tax Joseph Huber 1 Campus Drive Parsippany, NJ 07054	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph Huber* Joseph Huber, Vice President *4/4/03*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034B (12/02)