

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90035 001 ***300.00

DOCUMENT # P37802

1. Entity Name
EDWARDS AND KELCEY, INC.



Principal Place of Business

**299 MADISON AVENUE
MORRISTOWN, NJ 07962 US**

Mailing Address

**299 MADISON AVENUE
MORRISTOWN, NJ 07962 US**

66001486



2. Principal Place of Business - No P.O. Box #

299 MADISON AVE

3. Mailing Address

PO Box 1936

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02042008

Chg-P

CR2E034 (12/06)

City & State

MORRISTOWN NJ

City & State

MORRISTOWN NJ

4. FEI Number

22-1623519

Applied For

☐ Not Applicable

Zip

07962

Country

Zip

07962

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **C** ☒ Delete
NAME **MCMAHON, KEVIN**
STREET ADDRESS **299 MADISON AVE**
CITY-ST-ZIP **MORRISTOWN, NJ 07962**

TITLE **P** ☒ Delete
NAME **REFINSKI, ELIZABETH**
STREET ADDRESS **299 MADISON AVE**
CITY-ST-ZIP **MORRISTOWN, NJ 07962**

TITLE **CFO** ☐ Delete
NAME **THORNHILL, DAVID**
STREET ADDRESS **299 MADISON AVE**
CITY-ST-ZIP **MORRISTOWN, NJ 07962**

TITLE **SRVP** ☒ Delete
NAME **PILLA, MARK J**
STREET ADDRESS **343 CONGRESS ST**
CITY-ST-ZIP **BOSTON, MA 02310**

TITLE **SRVP** ☐ Delete
NAME **HALLAHAN, RICHARD M**
STREET ADDRESS **21 TROUT RUN DRIVE**
CITY-ST-ZIP **MEDIA, PA 19063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **CRAIG L MARTIN**
STREET ADDRESS **111 SOUTH ARROYO PARKWAY**
CITY-ST-ZIP **PASADENA CA 91105**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **WILLIAM C. MARKLEY III**
STREET ADDRESS **111 SOUTH ARROYO PARKWAY**
CITY-ST-ZIP **PASADENA CA 91105**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **JOHN W PROSSER JR**
STREET ADDRESS **111 SOUTH ARROYO PARKWAY**
CITY-ST-ZIP **PASADENA CA 91105**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **STANLEY ROSENBLAUM**
STREET ADDRESS **299 MADISON AVE**
CITY-ST-ZIP **MORRISTOWN, NJ 07962**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #