2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2003 8:00 am Secretary of State

1. Entity Nar	MENT # P38222 Te equipment manageme	ENT, INC.					05-02-2	003 904	25 040 * [,]	**150.00
Principal Place of Business Mailing Address 8:00 HARBOR BLVD TAX DEPT 1ST FLOOR WEEHAWKEN, NJ 07087 WEEHAWKEN, NJ 07087										
2. Principal I	Place of Business									
Suite, Apt. #, etc. Suite, Apt. #, etc.						CHECK HERE IF MAKING CHANGES				
City & Sta	le	City & State			,	4. FEI Numb	er 84-11313 1	1	⊢	Applied For Not Applicable
Zip	p Country Zip		Country			5. Certificate	of Status Desired	; D	\$8.75 / Fee Requ	
	6. Name and Address of Curren	Registered Agent	1		7	7. Name and	Address of Nev	Registere	d Agent	_
COBBOBA	TION SERVICE COMPANY	Andrew		Name					4	
1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Street A	ddress (P.C	s (P.O. Box Number Is Not Acceptable)				
				City					<u>Z</u> ip €	ode
	e named entity submits this statement f	or the purpose of changing its	register	l ed office or	registered	agent, or bo	oth, in the State of		_	th, and accept
SIGNATURE										<u> </u>
nan-kantinikala tadi katikalentara	Signature, typed or printed name of registered agen	Land title if applicable. (NOT	E: Regarare	d Agentsignati	THE RECENTAGE WE	en meinstating)		DATI	E	
Afte	FILE NOWITT FEE IS \$150,00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department						ection Campaign ust Fund Contribu			.00 May Be led to Fees
10.	OFFICERS AND	DIRECTORS	11.				CHANGES TO O		ND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DYER STEPHEN R. SO HARBOR BLVD WEEHAWKEN, NJ 07087	Delete	8		600 C	S. J. D.	rveasures evico rbivo en, NJO		□ Chang	Addition
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TITLE NAME STREET ADDRESS	DVTS FUSCO, CARMINE 4000 HARBOR BLVD	Delete	TITLE	<u> </u>					☐ Chang	e
CITY-ST-ZIP	WEEHAWKEN, NJ 07087	<u> </u>	СЛУ	-ST-ZIP			. **			,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	н						☐ Chang	Addition
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STREET ADDRESS CITY-ST-2P 12. hereby	certify that the information supplied with on this report or supplemental report poration or the receiver or trustee empty, or on an attachment with ar address?	n this filing does not qualify for strue and accurate and that n pwweetho execute this report	STAG CITY-	et address - st -2IP motion state	ed in Section ave the sampter 607, Fi	on 119.07(3)(ne legal effec orida Statute	i), Florida Statutes t as if made unde s; and that my na	s. I further o r oath; that me appears	entify that the I am an offic s in Block 10	Information er or director or Block 11 if

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Offachwert UBS PAINEWEBBER INC.

1005441

* 800 Harbor Boulevard * Tax Dept-1st Floor * Weehawken, NJ 07086 *

CERTIFIED MAIL #: _____

04/15/2003

DEPT OF STATE
DIV OF CORPS/ANN. RPT FILINGS
P.O. BOX 1500
TALLAHASSEE , FL 32302-1500

Re: General Equipment Management Incorporated

FEIN: 84-1131311

Gentlemen:

On behalf of the above captioned company, we are enclosing the following return:

ANNUAL REPORT

- RETURN

Enclosed also is a check in the amount of \$ payment of the indicated liability.

150.00 in

Should you have any questions regarding this filing please feel free to contact State Tax Manager, Louis DeVico at (201) 352-0559.

Very truly yours,

Adrienne Gilvard