


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000057949	
1. Entity Name YORK SCI, INC.	

Principal Place of Business PO BOX 880608 ST. LUCIE WEST, FL 34986 US	Mailing Address 99 CHERY HILL RD, SUITE 102 PARSIPPANY, NJ 07054 US
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01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0600827	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
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DO NOT WRITE IN THIS SPACE

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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	P DOUGLAS, HUGH E PO BOX 880608 ST. LUCIE WEST, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOORE, KELLI J P O BOX 880608 ST. LUCIE WEST, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PANICO, DAVID E 99 CHERRY HILL RD., SUITE 102 PARSIPPANY, NJ 07054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD LIND, PETER E 99 CHERRY HILL RD., SUITE 102 PARSIPPANY, NJ 07054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Peter E. Lind* *Peter E. Lind* 01/24/2004 973-404-1235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #