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FILE	NOW: FILING	FEE AFTER	R MAY 1ST IS	\$550.00	
COF	PROFIT RPORATION JAL REPORT		FLORIDA DEPARTMENT OF STATE  Katherin's Harrige  Secretary of State		FILED
	1999		DIVISION OF CO		00.000 6.000
<del></del>		0000017	2040		99 DEC -6 PM 12: 26
1. Corporation	n Name	8000017	040		SECRETARY OF STATE
MB STAI	BLES, INC.				IABLAHASSEE, FLORIDA
					;
Principal Place	e of Business	Ma	iling Address		I LEGIT SOLI HE TOTOL MAN DOTH SOLIT SOLIT SOLIT MAN TO MAN THE SOLIT MAN TO MAN THE SOLIT MAN
76 SANDHILL ROAD FLEMINGTON NJ 08822 FLEMINGTON NJ 08822			DEINGTATEMENT		
LEMINOTOT	- 40021		WING TO 11 14 GOOD		UCINO INCIENTIFICADA
İ					3. Date incorporated or Qualified 02/23/1998
	lace of Business		Mailing Address	. 7	4. FEI Number Applied For
21 3 + U Suite Apt	5 OLD HAM	CIRCLE	32 Morve Suite, Apt. #, etc.	N TLACE	58-2383248   Not Applicable   \$8.75 Additional
22 -		27			5. Certificate of Status Desired Fee Regulred
City & State	LINGTON.	F L 28	PRINCETO	LN N	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country		Zip	Country	8. This corporation owes the current year Intangible
24 33 4	9. Name and Addres	29	08540 3	<u> </u>	Personal Property Tax. Yes No  10. Name and Address of New Registered Agent
			ered Agent	81 Name	· , -
	HEFORT, LAWRENCE SOUTH FLAGER DRIV			82 Street	Address (P.O. Box Number is Not Acceptable)
	E 900 EAST TOWER	<b>C</b>		83 -56	LITE ZOS
WES	T PALM BEACH FL 3:	3401		84 City	OO SE FEDERAL H'WY
			7 4000 51 14 51		10RE 20000 FL 33455
office or r	to the provisions of Secti registered agent, or both,	in the State of Florid	77.1508, Florida Statutes a. Such change was aut Section 607.0505, Florid	i, the above-named horized by the corp to Statutes	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Za lu De	4 1	when SAS	9186	10/1/99
12.	Signature, typed or printed name Of	of registered agent and the if FICERS AND DIREC		legistered Agent signature r	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIFLE	PSID		[] DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT Change Maddition  PALA MOSTELLER  22 MORYEN PLACE  PRINCETON NJ 08540
NAME STREET ADORESS	BERKLEY, KENNETH 76 SANDHILL ROAD			1.2 NAME 1.3 STREET ADDRESS	PALA MOSTELLER
CITY-ST-ZIP	FLEMINGTON NJ 08			1.4 City-ST-ZIP	22 MORYEN PLACE PRINCETON NJ 08540
TITLE			☐ DELETE	2.1 TITLE	VICE LEERI DENI
NAME STREET ADDRESS				2.2 NAME 2.3 STREET ADDRESS	KERNETH Q. BERKLEY 76 SANDHILL ROAD
CITY-ST-ZIP				2.4 CITY-ST-ZIP	76 SANDHILL ROAD FLEMINGTON NJ 08822
TITLE			☐ DELETE	3.1 TITLE	Change Addition
NAME STREET ADORESS				3.2 NAME 3.3 STREET ADDRESS	
CITY-ST-ZIP				3.4. CITY-ST-ZIP	
TITLE NAME	}		☐ DELETE	4.1 TITLE 4.2 NAME	4000030701540
STREET ADDRESS				4.2 NAME 4.3 STREET ADDRESS	400030701540 -12/14/9901104003
CiTY-ST-ZIP			F1 222	4.4 CITY-ST-ZIP	****750.00 ****750.00
TITLE NAME	}		[] DELETE	5.1 TITLE 5.2 NAME	Change Addition
STREET ADORESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CiTY-ST-ZIP	
TITLE NAME			[] DELETE	6.1 TITLE 6.2 NAME	Change Addition
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP	cartify that the information	eupplied with this 60	ing does not suglify for t	64 OTY-ST-ZIP	In Section 119 07/3/II) Florida Statutar I further and the that the Information
indicated	on this annual report or a	i supplied with this fill supplemental annual n or the receiver or "	report is true and accurate the amount of the second is true and accurate the accurate to accurate the accurate the accurate to accurate the accurate the accurate the accurate the accurate to accurate the accurate	rie exemption state: ate and that my sign acute this recort so	i in Section 119.07(3)(i), Florida Statutes. I further certify that the information ature shall have the same legal effect as if made under cath; that I am an required by Chapter 607, Florida Statutes; and that my narpe papears in
Block 12	or Block 13 if changed, o	r on an attachment w	ith an address, with all o	other like empowere	° - 1, ((609)
SIGNAT	rure: Talu	. L. Me	tollar	THALA	Z-HOSTOLIER 9/9/99 731-114
	SIGNATUR	AND TYPEO OR PRINTED	NAME OF BIGHING OFFICER C	A DIRECTOR	Date