FILED -- 2002 UNIFORM BUSINESS REPORT (UBR) May 28, 2002 8:00 am Secretary of State DOCUMENT # S35085 1. Entity Name 05-28-2002 91773 048 ***150.00 CAR INK, INC. Mailing Address Principal Place of Business ONE ADP BLVD ONE ADP BLVD PARKAND ROSELAND NJ 07068 MS 433 ROSELAND NJ 07068 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0246760 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUSSO, DAISY Street Address (P.O. Box Number is Not Acceptable) 6190 SW 120 ST. **MIAMI FL 33156** Zip Code City FĹ 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 SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Addition Change **PSD** ☐ Delete TITLE TITLE NAME BENSON, JAMES B NAME STREET ADDRESS STREET ADDRESS ONE ADP BLVD CITY-ST-ZIP **ROSELAND NJ 07068** CITY-ST-ZIP Addition Change 🔀 Delete TITLE VCD TITLE KAREN E. DYKSTRA NAME HAVILAND, RICHARD J NAME ONE ADP BLUD STREET ADDRESS ONE ADP BLVD STREET ADDRESS CITY-ST-ZIP ROBELAND NJ 07068 **ROSELAND NJ 07068** CITY-ST-ZIP ☐ Addition Change ☐ Detete TITLE TITLE NAME COLOTTI, RAYMOND L NAME ONE ADP BLVD STREET ADDRESS STREET ADDRESS CITY-ST-7IP **ROSELAND NJ 07068** CITY-ST-ZIE Change ☐ Addition TITLE ASD ☐ Delete TITLE NAME singer, robert j NAME STREET ADDRESS ONE ADP BLVD STREET ADDRESS CITY-ST-ZIP **ROSELAND NJ 07068** CITY-ST-ZIP <u>RS</u> X Addition ☐ Change ☐ Delete TITLE THOMAS DELORENZO NAME NAME STREET ADDRESS ONE ADP BLUD STREET ADDRESS ROSELAND NJ 07068 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J. SINGER

04/24/02

Date

973 974-5525

Daytime Phone #

74-332