

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 90560 013 ***150.00

DOCUMENT # F00000003635

1. Entity Name
AIRCAST INCORPORATED

Principal Place of Business Mailing Address
92 RIVER ROAD 92 RIVER ROAD
SUMMIT NJ 07901 SUMMIT NJ 07901

400104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
22-1981132 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|--|---|
| TITLE | NAME | TITLE | NAME |
| <input type="checkbox"/> Delete | PTCD JOHNSON, GLENN W III 2 CROMWELL LANE MENDHAM NJ 07945 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input checked="" type="checkbox"/> Delete | VSD MCVICKER, HENRY J 4100 CUTLASS LANE NAPLES FL 34102 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input checked="" type="checkbox"/> Delete | D FLANAGAN, KRISTINA M 200 WETMORE LANE PETALUMA CA 94952 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input checked="" type="checkbox"/> Delete | D JOHNSON, MITZI 242 ATHENS SAN FRANCISCO CA 94952 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | Secretary MELANIE IULIANO 25 EVERGREEN AVE. New Providence, NJ 07924 |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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.

SIGNATURE: *M. Iuliano*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 908-273-6349
 Date Daytime Phone #

CR2E034 (9/01)