


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90196 048 \*\*\*550.00

DN15877 AT

<b>DOCUMENT # F95000003864</b>			
1. Entity Name <b>MAINZNER MINTON CO, INC.</b>			
Principal Place of Business <b>3 BECKER FARM ROAD ROSELAND NJ 07068 US</b>		Mailing Address <b>3 BECKER FARM ROAD ROSELAND NJ 07068 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SHEVRIN, MARC 6662 VILLA SUNRISE D, APT. 322 BOCA RATON FL 33433</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>13-5522010</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <b>SHEVRIN, JACK</b>	TITLE	
NAME	<b>145 SAW CREEK ESTATES</b>	NAME	
STREET ADDRESS	<b>BUSHKILL PA 18324</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VTD <b>SHEVRIN, IAN</b>	TITLE	
NAME	<b>355 STILES STREET</b>	NAME	
STREET ADDRESS	<b>WEST ORANGE NJ 07052</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VSD <b>SHEVRIN, MARC</b>	TITLE	
NAME	<b>6662 VILLA SUNRISE DR #322</b>	NAME	
STREET ADDRESS	<b>BOCA RATON FL 33433</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V <b>LEE, JOSEPH</b>	TITLE	
NAME	<b>50 MILE DRIVE</b>	NAME	
STREET ADDRESS	<b>CHESTER NJ 07903</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VT <b>CRISTIANO, KEVIN</b>	TITLE	
NAME	<b>37 HILLSIDE AVENUE</b>	NAME	
STREET ADDRESS	<b>CALDWELL NJ 07006</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** SIGNATURE REQUIRED **4/30/03** **(973) 597-9077**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #