2005 FOR PROFIL CORPORATION ANNUAL REPORT

SIGNATURE:

May 02, 2005 08:00 AM Secretary of State DOCUMENT # P24711 THE CIT GROUP/SALES FINANCING, INC. Principal Place of Business Mailing Address 1 CIT DRIVE 1 CIT DRIVE LIVINGSTON, NJ 07039 1320-1 LIVINGSTON, NJ 07039 IIS 04182005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 13-6131491 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM DO NOT WRITE 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE NAME ARRINGTON, RON G STREET ADDRESS 1 CIT DRIVE CITY-ST-ZIP LIVINGSTON, NJ 07039 VD TITLE —— U00000352951 — 05/03/05-80048-016 150.00 SCHUMM, WILLIAM NAME 1 CIT DRIVE STREET ADDRESS CITY-ST-ZIP LIVINGSTON, NJ 07039 TITLE DISTASO, DAVID M NAME STREET ADDRESS 1 CIT DRIVE DO NOT WRITE CITY-ST-ZIP LIVINGSTON, NJ 07039 IN THIS SPACE TITLE MANDELBAUM, ERIC NAME STREET ADDRESS 1 CIT DRIVE CITY-ST-ZIP LIVINGSTON, NJ 07039 TITLE The second secon SEUFERT, LINDA M NAME STREET ADDRESS 1 CIT DRIVE CITY-ST-ZIP LIVINGSTON, NJ 07039 TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 received or trustee employered 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 attackment with an address, with all given like empowered.

FILED