State of New Jersey
Department of State
Division of Commercial Recording
CN-302
Trenton, New Jersey 08625-0302
(609) 530-6400

084-008772

Lonna R. Hooks
Secretary of State

ANNUAL REPORT FILING FORM

James J. Fruscione
Director

IMPORTANT NOTICE: Corporations and Limited Partnerships must submit a completed Annual Report form with the total fee due. Failure to comply with this requirement for two consecutive years will result in the revocation of your business privilege in this state. FILE NOW. To avoid revocation, remit total fee.

Name and Registered Agent No:

Name and Main Business Address:

0100590043
THE HOLY LAND FOUNDATION FOR RELIEF AND DEVELOPMEN
MOHAMMAD ELMEZAIN
100 HAMILTON PLAZA
STE. 1413
PATERSON NJ 07505

GOVERNMENT
EXHIBIT
001-0363
3:04-CR-240-G
U.S. v. HLF, et al.

Corporation/Limited Partnership Number: 0100-5900-43 Filing Month/Year: 08/1995 Total Fee Due: $30.00

Date of Incorporation: 08/02/1994 Years Due: 96 95

INSTRUCTIONS:

1. **FEDERAL TAX IDENTIFICATION NO.:** This box must be completed.
2. **STANDARD INDUSTRIAL CODE:** Code is obtained from your Unemployment Contribution Report (Form UC27). If available, please provide code.
3. **REGISTERED AGENT AND OFFICE:** Do not alter this entry in any way. If your registered agent or office is different than the information printed on this line, complete the form on the reverse side and return with a separate check. If a P.O. Box is used for registered office, the street address must also be included. Please note that a New Jersey address is required.
4. **MAIN BUSINESS OR HEADQUARTERS ADDRESS:** This must be completed, even if your correct business or headquarters address is repeated elsewhere on this form. Please note: A New Jersey address is not required.
5. **DIRECTORS, TRUSTEES, OFFICERS, OR GENERAL PARTNERS:** List names, titles, and addresses. Either home or office addresses of your designated officers may be used.
6. **PRINCIPAL BUSINESS OFFICE IN NEW JERSEY:** Indicate whether you have a business office in New Jersey. If yes, please provide the address of your principal office.
7. **SIGNATURE, TITLE AND DATE:** All **Annual Report** filings must be signed with title and date provide. **Professional corporations must have signatures notarized.**
8. **ANNUAL REPORT PAYMENT:** A separate check is required for each corporation filing their **Annual Report** with the **Secretary of State** as the payee. All checks require a corporate or limited partnership number on the top **left** corner of the check.
9. **DISSOLUTION TERMS:** If you are no longer in business, it is required by law to dissolve the corporation by filing the proper forms with this office. Call **(609)530-6400** to request the forms.

TYPE ALL INFORMATION EXCEPT SIGNATURES
DETACH AND RETURN FORM BELOW WITH PAYMENT IN ENCLOSED ENVELOPE

Do **not** attach correspondence to this form. All inquiries pertaining to **Annual Reports** should be mailed in a separate envelope to the above address.

Effective July 1, 1994 the Annual Report fee for all Profit Corporations and Limited Partnerships is $40.00 per P.L. 1994, Chapter 60.

ID NUMBER: 0100-5900-43 STATE: CA FILING MONTH/YEAR: 08/1995 YEARS DUE 96 95

TYPE E TOTAL FEE DUE $30.00 (1) FED ID # (2) SIC #

NAME THE HOLY LAND FOUNDATION FOR RELIEF AND DEVELOPMENT, INC. CITY STATE ZIP
MAIN BUSINESS ADDRESS

OFFICER/TITLE ADDRESS CITY STATE ZIP

OFFICER: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
OFFICER: PLEASE ENTER OFFICER/TITLE AND ADDRESS INFORMATION IN BOX 5.
OFFICER: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

(3) AGENT: MOHAMMAD ELMEZAIN 100 HAMILTON PLAZA PATERSON NJ 07505

MUST BE COMPLETED/TYPED ADDRESS CITY STATE ZIP

(4) MAIN BUSINESS ADDRESS: 525 INTERNATIONAL PKWAY RICHARDSON TX 75081

(5) OFFICER/TITLE/ADDRESS: ABDUL RAHMAN ODEH (NI MANAGER

OFFICER/TITLE/ADDRESS:

OFFICER/TITLE/ADDRESS:

(6) DO YOU HAVE A PRINCIPAL BUSINESS OFFICE IN N.J.? ☐ NO ☒ YES ADDRESS: 100 HAMILTON PLAZA PATERSON NJ 07505

NJDCR 48 (Rev. 7/95) (7) CHAIRMAN OF BOARD, PRESIDENT, TRUSTEE, OR GEN. PARTNER DATE 4-24-96

New Jersey Annual Report

HLDL138 0000694

NJ DIVISION OF COMMERCIAL RECORDING

AGENT CERTIFICATE OF CHANGE
REGISTERED NAME OR ADDRESS, OR BOTH

This form may be used by domestic and foreign profit and nonprofit corporations and limited partnerships to change an agent name or address or both. If a P.O. box is used for registered address, the street address must be included. **Return this form with a $10 check made out to the Secretary of State.** Write the corporate/limited partnership number on the top left of your check.

CORPORATION/LIMITED PARTNERSHIP NAME AND NUMBER

THE HOLY LAND FOUNDATION FOR RELIEF AND DEVELOPMENT, INC. 0100-5900-43

STATE OF ORIGINAL FILING

CA

IMPORTANT INCLUDE INFORMATION ON BOTH THE PRIOR & NEW AGENT

PRIOR AGENT NAME

MOHAMMAD ELMEZAIN

PRIOR AGENT ADDRESS

STREET	CITY	STATE	ZIP
100 HAMILTON PLAZA STE. 1413	PATERSON	NJ	07505

NEW AGENT NAME

NEW AGENT ADDRESS

STREET	CITY	STATE	ZIP
		N.J.	

The corporation states that the address of its new registered office and the address of its new registered agent are identical. Further, the changes designated on this form were authorized by resolution duly adopted by its board of directors or members.

AUTHORIZED SIGNATURE & TITLE [signature] DATE 4/24/96

CHAIRMAN OF BOARD, PRESIDENT, REG. AGT. OR GEN. PARTNER

ABDUL RAHMAN ODEH MGR

Change form must be signed with title and date provided.

MARK TYPE OF CHANGE

- ☐ 1. Change of Agent Name
- ☐ 2. Change of Agent Address
- ☐ 3. Change of Both

MAIL TO: State of New Jersey
Division of Commercial Recording
P.O. Box 10246
Newark, N.J. 07193-0246

REMIT $10.00

FOR OFFICIAL USE ONLY

IMPORTANT NOTICE

Failure to notify the Secretary of State of a change in the registered agent name or registered office address will result in the penalty set forth by law.

Ck-9 #1095

Name and Registered Agent

MOHAMMAD ELMEZAIN
100 HAMILTON PLAZA
STE. 1413
PATERSON NJ 07505

Name and Main Business Address

SOSBAK R8/94