

1.) CORPORATION NAME:

THE COMMERCE EXECUTIVE PARK ASSOCIATION OF CO-OWNERS

DUE DATE: **9/30/2011**

SCC ID NO: **02338838**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 210 ROUTE 4 EAST

CITY/ST/ZIP: PARAMUS, NJ 07652-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	MICHAEL D FASCITELLI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	210 ROUTE 4 EAST		
CITY/ST/ZIP/CO:	PARAMUS, NJ 07652-		
NAME:	ALAN J RICE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	210 ROUTE 4 EAST		
CITY/ST/ZIP/CO:	PARAMUS, NJ 07652-		
NAME:	MICHAEL FASCITELLI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	210 ROUTE 4 EAST		
CITY/ST/ZIP/CO:	PARAMUS, NJ 07652-		
NAME:	STEVEN ROTH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	210 ROUTE 4 EAST		
CITY/ST/ZIP/CO:	PARAMUS, NJ 07652-		
NAME:	JOSEPH MACNOW	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP, CFO		
ADDRESS:	210 ROUTE 4 EAST		
CITY/ST/ZIP/CO:	PARAMUS, NJ 07652-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN ROTH Chairman 210 ROUTE 4 EAST PARAMUS, NJ 07652-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAY C BECKOFF Asst Secretary 210 ROUTE 4 EAST PARAMUS, NJ 07652-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN KURTZ Asst Secretary 210 ROUTE 4 EAST PARAMUS, NJ 07652-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROSS MORRISON Asst Secretary 210 ROUTE 4 EAST PARAMUS, NJ 07652-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN SANTORA Asst Secretary 210 ROUTE 4 EAST PARAMUS, NJ 07652-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRAIG STERN Asst. Secretary 210 ROUTE 4 EAST PARAMUS, NJ 07652-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MICHAEL FASCITELLI	MICHAEL FASCITELLI, DIRECTOR	2/10/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.