

## State of New Jersey

## **OWNERSHIP DISCLOSURE FORM**

Name \_\_\_\_\_ Address \_\_\_\_\_

City & State \_\_\_\_\_

List the names and addresses of all individuals, partnerships, corporations or any other owner having 10% or greater interest in the corporation or partnership listed above. If a listed owner is a corporation or partnership, then list the names and addresses of holders of 10% or more interest in that corporation or partnership. If additional space is necessary, list on an attached sheet. If there are no owners with 10% or more interest in your company, enter "None" below. Complete affidavit at bottom of form.

NAME	ADDRESS:	Street	City/Twp	County	State	Zip
	· / <del>*</del> · · · · · · · · · · · · · · · · · · ·		Disco			
President of the firm	n (Type or print name)		Phone			
I certify that:						
	List of stockholders names and addresses has been submitted to the Purchase Bureau and it is current and correct to the best of my knowledge, with the exceptions as listed above.					
	The list of stockholders above is current and correct to the best of my knowledge					
	There are no stoo of my knowledge.		ng 10% or more inte	rest in the corpora	ation or firm to t	the best
	Firm is a sole own	nership and no	t subject to corporatio	on or partnership o	disclosure requi	rement.
Signature of Authorized	Representative					
Type or Print Name			Title			
Witnessed by			Date			

PENSIONS ACH 2019