EXHIBIT B



State of New Jersey

OWNERSHIP DISCLOSURE FORM

| | | | A 1 1 | | | |
|---|---------------------------------------|-----------------|--|---------------------|------------------|---------|
| | | | 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 |
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| President of the firm (Type or print name) | | Phone | | | | |
| I certify that: | | | | | | |
| , | | | addresses has been t of my knowledge, w | | | |
| | ☐ The list of stockh | olders above is | current and correct t | o the best of my k | knowledge. | |
| | ☐ There are no stored of my knowledge | | ng 10% or more inte | rest in the corpora | ation or firm to | he best |
| | ☐ Firm is a sole ow | nership and no | t subject to corporation | on or partnership | disclosure requi | rement. |
| Signature of Authorized | Representative | | | | | |
| Type or Print Name | | | Title | | | |
| AACtor and a later | | | Б.: | | | |