

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90103 033 ***150.00

DOCUMENT # F02000003020

1. Entity Name
ADAXCO, LTD. INC.



Principal Place of Business
**302 CARNEGIE CENTER
PRINCETON NJ 08540**

Mailing Address
**302 CARNEGIE CENTER
PRINCETON NJ 08540**

2. Principal Place of Business
302 Carnegie Center
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Princeton

City & State

Zip
NJ Country
08540

Zip Country

4. FEI Number
02-0629236

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **CT** ☒ Delete
NAME **WEBER, ESTHER**
STREET ADDRESS **BUNDESTRASSE 3, POSTFACH 4547**
CITY-ST-ZIP **CH-6304-ZUG, SWITZERLAND**

TITLE **S** ☐ Delete
NAME **BRAGG, GARY L**
STREET ADDRESS **531 PLYMOUTH RD., SUITE 500**
CITY-ST-ZIP **PLYMOUTH MEETING PA 19462**

TITLE **D** ☐ Delete
NAME **STOLZ, WERNER**
STREET ADDRESS **EICHENDRUNDWEG 10**
CITY-ST-ZIP **CH-6343-RISCH, SWITZERLAND**

TITLE ☐ Delete
NAME **William Verge**
STREET ADDRESS **329 Piccone Lane**
CITY-ST-ZIP **Key West, FL 33040**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 receiver or trustee empowered 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 attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)