

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90095 030 \*\*\*158.75

0000268

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F98000004558**

1. Corporation Name  
**MICRO GENERATION CORP.**



Principal Place of Business Mailing Address  
 70 NEWFIELD AVE. 70 NEWFIELD AVE.  
 EDISON NJ 08837 EDISON NJ 08837

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

3. Date Incorporated or Qualified  
**08/10/1998**  
 4. FEI Number Applied For  
**22-2787391** Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
 6. Election Campaign Financing  **\$5.00** May Be Added to Fees  
 Trust Fund Contribution  
 8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	HO, FRANK	
STREET ADDRESS	70 NEWFIELD AVE.	
CITY-ST-ZIP	EDISON NJ 08837	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	HO, GRACE	
STREET ADDRESS	70 NEWFIELD AVE.	
CITY-ST-ZIP	EDISON NJ 08837	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLASSTETTER, JENIFFER	
STREET ADDRESS	70 NEWFIELD AVE.	
CITY-ST-ZIP	EDISON NJ 08837	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SOONG, ESTHER	
STREET ADDRESS	70 NEWFIELD AVE.	
CITY-ST-ZIP	EDISON NJ 08837	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LO, KEVIN	
STREET ADDRESS	70 NEWFIELD AVE.	
CITY-ST-ZIP	EDISON NJ 08837	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WU, THOMAS	
STREET ADDRESS	300 MCGAW AVE	
CITY-ST-ZIP	EDISON NJ 08837	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Grace Ho Date: 1-25-99 Daytime Phone #: 732-225-8899

CR2E034 (1/198)