

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F98000005325**

1. Entity Name

**METO INC.**

Principal Place of Business

**1200 THE AMERICAN RD  
MORRIS PLAINS NJ 07950  
US**

Mailing Address

**101 WOLF DRIVE  
THOROFARE NJ 08086**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input type="checkbox"/> Delete
NAME	DEZARATE, A. RAYMOND	
STREET ADDRESS	939 KILBUFF CIRCLE	
CITY-ST-ZIP	WEST CHESTER PA 19382	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C	<input type="checkbox"/> Delete
NAME	MERTZIG, ROBERT A	
STREET ADDRESS	101 WOLF DRIVE	
CITY-ST-ZIP	THOROFARE NJ 08086	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	DOWD, KEVIN P	
STREET ADDRESS	1573 FRANKLIN LANE	
CITY-ST-ZIP	WAYNE PA 19087	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	REILLY, WILLIAM J JR.	
STREET ADDRESS	1337 GREEN HILL ROAD	
CITY-ST-ZIP	WEST CHESTER PA 19380	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SVD	<input type="checkbox"/> Delete
NAME	AUSTIN, NEIL	
STREET ADDRESS	45 STURBRIDGE LANE	
CITY-ST-ZIP	WEST CHESTER PA 19380	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	BURNS, W. CRAIG	
STREET ADDRESS	17 WESTGATE CIRCLE	
CITY-ST-ZIP	MALVERN PA 19355	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90005 039 \*\*\*150.00

623962



DO NOT WRITE IN THIS SPACE

4. FEI Number **11-3438261**

Applied For

Not Applicable

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

CR2E034 (10/00)