

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.  
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 21 11:10:32

**DOCUMENT # P03623 (6)**

1. Corporation Name  
**CERBERUS TECHNOLOGIES, INC.**

Principal Place of Business Mailing Address  
**8 RIDGEDALE AVENUE CEDAR KNOLLS NJ 07927**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/05/1984** 3a. Date of Last Report **01/25/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **04-2725969** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

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

City & State City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RUGGLI, MARCEL</b>	1.2 NAME	<b>RONALD C. MATSON</b>
STREET ADDRESS	<b>CH-8708</b>	1.3 STREET ADDRESS	<b>8 RIDGEDALE AVE., CEDAR KNOLLS, NJ 07927</b>
CITY - ST - ZIP	<b>MANNEDORF SW</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MORRIS, RICHARD</b>	2.2 NAME	<b>DANIEL W. HISLIP</b>
STREET ADDRESS	<b>50 E. PEARCH ST., RICHMOND HILL</b>	2.3 STREET ADDRESS	<b>8 RIDGEDALE AVE.</b>
CITY - ST - ZIP	<b>ONTARIO L4</b>	2.4 CITY - ST - ZIP	<b>CEDAR KNOLLS, NJ 07927</b>
TITLE	<b>T</b>	3.1 TITLE	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLEIN, MARTIN I.</b>	3.2 NAME	<b>ROY N. STOVER</b>
STREET ADDRESS	<b>8 RIDGEDALE AVE</b>	3.3 STREET ADDRESS	<b>8 RIDGEDALE AVE.</b>
CITY - ST - ZIP	<b>CEDAR KNOLLS NJ</b>	3.4 CITY - ST - ZIP	<b>CEDAR KNOLLS, NJ 07927</b>
TITLE	<b>D</b>	4.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PFISTER, GUSTAV</b>	4.2 NAME	<b>RONALD C. MATSON</b>
STREET ADDRESS	<b>CH-8708</b>	4.3 STREET ADDRESS	<b>8 RIDGEDALE AVE</b>
CITY - ST - ZIP	<b>MANNEDORF, SWIT.</b>	4.4 CITY - ST - ZIP	<b>CEDAR KNOLLS, NJ 07927</b>
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUG, LUZIUS</b>	5.2 NAME	
STREET ADDRESS	<b>CH-8708 MAENNEDORF</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SWITZERLAND</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOLMANN, KARL</b>	6.2 NAME	
STREET ADDRESS	<b>CH-8708 MAENNEDORF</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SWITZERLAND</b>	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

*Daniel W. Hislip*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DANIEL W. HISLIP**

6-13-95

201-397-7001

CR2E034 (3/95)