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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P13426** **(2)**

1. Corporation Name
JBA INTERNATIONAL, INC.

Principal Place of Business
CENTERPOINTE BUILDING
161 GAITHER DR STE 200
MT LAUREL NJ 08075

Mailing Address
CENTERPOINTE BUILDING
161 GAITHER DR STE 200
MT LAUREL NJ 08054-1740

3. Date Incorporated or Qualified: **03/02/1987**
3a. Date of Last Report: **06/05/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **58-1406662** Applied For ☐ Not Applicable ☐

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

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

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

9. **Name and Address of Current Registered Agent**
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 Section 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(s) for Name and Address Change(s) and/or Appointment(s) of Registered Agent — NOTE: Registered Agent signature required when filing. DATE

12. OFFICERS AND DIRECTORS

TITLE	C	☐ DELETE
NAME	VICKERY, ALAN	
STREET ADDRESS	% 161 GAUTGER DR., SUITE 200	
CITY-ST-ZIP	MT LAUREL NJ	
TITLE	VP	☐ DELETE
NAME	JOHNSON, CLAGUE	
STREET ADDRESS	161 GAITHER DR STE 200	
CITY-ST-ZIP	MT LAUREL NJ	
TITLE	CFO	☐ DELETE
NAME	MARSHALECK, JANE	
STREET ADDRESS	161 GAITHER DR., SUITE 200	
CITY-ST-ZIP	MT LAUREL NJ	
TITLE	CEO	☐ DELETE
NAME	MALPERIN, RICHARD	
STREET ADDRESS	3701 ALGONQUIN RD STE 100	
CITY-ST-ZIP	ROLLING MEADOWS IL	
TITLE	P	☐ DELETE
NAME	CORNELL, MICHAEL	
STREET ADDRESS	6283 ORCHARD WOODS DR	
CITY-ST-ZIP	WEST BLOOMFIELD MI	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. 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 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.

SIGNATURE: Janell Marshaleck — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 3/10/97 — Daytime Phone # 609-231-9400

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