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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000001212

1. Corporation Name

HOLTEC INTERNATIONAL, A NEW JERSEY CORPORATION

Principal Place of Business

555 LINCOLN DRIVE WEST
MARLTON NJ 08053
US

Mailing Address

555 LINCOLN DRIVE WEST
MARLTON NJ 08053
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1993

4. FEI Number

22-2759643

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 owes the current year Intangible Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

SINGH, KRISHNA P DR.
230 NORMANDY CIRCLE F
PALM HARBOR FL 34683

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

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

(NOTE: Registered Agent signature required when reestablishing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CDP	<input type="checkbox"/> DELETE
NAME	SINGH, KRISHNA P DR.	
STREET ADDRESS	230 NORMANDY CIRCLE, E	
CITY-ST-ZIP	PALM HARBOR FL 34683	

TITLE	VCD	<input type="checkbox"/> DELETE
NAME	SOLER, ALAN I DR.	
STREET ADDRESS	1282 CHARLESTON RD.	
CITY-ST-ZIP	CHERRY HILL NJ 08034	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	SOLER, ALAN I DR.	
STREET ADDRESS	1282 CHARLESTON RD.	
CITY-ST-ZIP	CHERRY HILL NJ 08034	

TITLE	SDT	<input checked="" type="checkbox"/> DELETE
NAME	SINGH, MARTHA J MS.	
STREET ADDRESS	230 NORMANDY CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL 34683	

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

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

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SDT
4.3 STREET ADDRESS	Bongrazio, Frank
4.4 CITY-ST-ZIP	34 Holly Park Dr.

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Tabernacle, NJ 08088
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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P. FRANK BONGRAZIO

Date

1/5/99

Daytime Phone #

609-797-0900

CR2E034 (11/98)