


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000001212**

1. Entity Name  
**HOLTEC INTERNATIONAL, A NEW JERSEY CORPORATION**



Principal Place of Business <b>555 LINCOLN DRIVE WEST          MARLTON, NJ 08053 US</b>	Mailing Address <b>555 LINCOLN DRIVE WEST          MARLTON, NJ 08053 US</b>
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**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>22-2759643</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP SINGH, KRISHNA P DR. 230 NORMANDY CIRCLE, E PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD SOLER, ALAN I DR. 1282 CHARLESTON RD. CHERRY HILL, NJ 08034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOLER, ALAN I DR. 1282 CHARLESTON RD. CHERRY HILL, NJ 08034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT BONGRAZIO, FRANK 34 HOLLY PARK DR TABERNACLE, NJ 08088
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/29/04-80003-012 158.75

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **FRANK BONGRAZIO, VP & CFO** 1/20/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #