


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90053 047 \*\*\*158.75

**DOCUMENT # F93000001212**

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



Principal Place of Business      Mailing Address  
**555 LINCOLN DRIVE WEST**      **555 LINCOLN DRIVE WEST**  
**MARLTON, NJ 08053 US**      **MARLTON, NJ 08053 US**

**50030104**



2. Principal Place of Business      3. Mailing Address

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

03152005 - Chg-P      CR2E034 (10/03)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**22-2759643**      Not Applicable

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**

**7. Name and Address of New Registered Agent**

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

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. 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 type="checkbox"/> Delete
NAME	BONGRAZIO, FRANK	
STREET ADDRESS	34 HOLLY PARK DR	
CITY-ST-ZIP	TABERNACLE, NJ 08088	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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**      **3/15/05**      **856-797-0900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #