

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90011 046 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>	FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 817420** ✓

1. Corporation Name

SGS US TESTING COMPANY, INC.

Principal Place of Business 291 FAIRFIELD AVENUE FAIRFIELD, NJ 07004	Mailing Address 42 BROADWAY NEW YORK NY 10004
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/16/1963	
21		26		4. FEI Number 22-1348630	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	PDC
NAME	ELKIN, KENNETH	1.2 NAME	GUZMAN, PETER
STREET ADDRESS	291 FAIRFIELD AVE	1.3 STREET ADDRESS	291 FAIRFIELD AVE
CITY - ST - ZIP	FAIRFIELD, NJ 07004	1.4 CITY - ST - ZIP	FAIRFIELD, NJ 07004
TITLE	S	2.1 TITLE	S
NAME	FREDERICKS, LEE	2.2 NAME	BIREN, MELISSA
STREET ADDRESS	291 FAIRFIELD AVE	2.3 STREET ADDRESS	9 CAMPUS DRIVE
CITY - ST - ZIP	FAIRFIELD, NJ 07004	2.4 CITY - ST - ZIP	PARSIPPANY, NJ 07054
TITLE	D	3.1 TITLE	
NAME	YOUNG, ROGER	3.2 NAME	
STREET ADDRESS	42 BROADWAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NY 10004	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	DRAPER, STEVEN	4.2 NAME	
STREET ADDRESS	42 BROADWAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NY 10004	4.4 CITY - ST - ZIP	
TITLE	AT	5.1 TITLE	
NAME	ENDER, PETER	5.2 NAME	
STREET ADDRESS	42 BROADWAY	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NY 10004	5.4 CITY - ST - ZIP	
TITLE	AS	6.1 TITLE	
NAME	BRIDWELL, RK	6.2 NAME	
STREET ADDRESS	9 CAMPUS DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	PARSIPPANY, NJ 07054	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

Date

Daytime Phone #