

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90165 024 ***150.00

DOCUMENT # 817420

1. Entity Name
SGS, U.S. TESTING COMPANY INC.

Principal Place of Business

**291 FAIRFIELD AVE
 FAIRFIELD NJ 07004**

Mailing Address

**42 BROADWAY
 NEW YORK NY 10004
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

20 LAFAYETTE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TAX DEPARTMENT

City & State

City & State

CARTERET N.J.

4. FEI Number

22-1348630

Applied For

Not Applicable

Zip

Country

Zip

Country

07008

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FATZER, P	
STREET ADDRESS	291 FAIRFIELD AVE	
CITY-ST-ZIP	FAIRFIELD NJ 07004	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FELLA, GABE	
STREET ADDRESS	291 FAIRFIELD AVE	
CITY-ST-ZIP	FAIRFIELD NJ 07004	
TITLE	D	<input type="checkbox"/> Delete
NAME	YIP, BERNARD	
STREET ADDRESS	42 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	AT	<input type="checkbox"/> Delete
NAME	ENDER, PETER	
STREET ADDRESS	42 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRIDWELL, R K	
STREET ADDRESS	291 FAIRFIELD AVE	
CITY-ST-ZIP	FAIRFIELD NJ 07004	
TITLE		<input type="checkbox"/> Delete
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		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02

Date

732-541-7200

Daytime Phone #

CR2E034 (9/01)