## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## May 07, 2004 8:00 am Secretary of State **DOCUMENT #817420** 1. Entity Name 05-07-2004 90118 002 \*\*\*150 00 SGS U.S. TESTING COMPANY INC. Principal Place of Business Mailing Address 291 FAIRFIELD AVE 20 LAFAYETTE ST TAX DEPARTMENT FAIRFIELD, NJ 07004 CARTERET, NJ 07008 US 2. Principal Place of Business 3. Mailing Address 201 ROUTE 17 NOUTH Suite, Apt. #, etc. Suite, Apt. #, etc. 04232004 Chq-P CR2E034 (10/03) TAX DEPARTMENT City & State City & State 4. FEI Number Applied For ット PUTHERFORD 22-1348630 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 0 7070 υS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S, PINE ISLAND ROAD PLANTATION, FL 33324 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstation) 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ٠... ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PRESIDIR PD Delete TITLE TITLE Change ☐ Addition RICHARD TOBIS TOBIN, RICHARD NAME NAME 201 GOTE 17 NORTH STREET ADDRESS **42 BROADWAY** STREET ADDRESS RUMERTORD CITY-ST-ZIP NEW YORK, NY 10004 CITY-ST-ZIP 07090 VΡ Delete TITLE TITLE Addition MARK CONNORS EDWARDS, KEVIN NAME NAME MENOR LI BLOW 108 291 FAIRFIELD AVE STREET ADDRESS STREET ADDRESS RUTHERFORD 01010 CITY-ST-ZIP FAIRFIELD, NJ 07004 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ENDER, PETER NAME NAME HTMON PI STUPS 106 STREET ADDRESS 42 BROADWAY STREET ADDRESS CUTHCREARS NJ 07070 CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY Addition TITLE ☐ Delete TITLE BRIDWELL, R K NAME NAME 201 ROUTE 17 NORTH STREET ADDRESS 291 FAIRFIELD AVE STREET ADDRESS OLRUBURD D2 0000 CITY-ST-ZIP CITY-ST-ZIP FAIRFIELD; NJ -07004 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP (6<u>6 118 / 3</u>2 TITLE TITLECT NAME STREET ADDRESS STREET ADDRESS 4 CITY-ST-ZIP" 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.

NG OFFICER OR DIRECTOR

**FILED**