

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90278 041 \*\*\*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  
**201 RTE. 17 NORTH  
TAX DEPARTMENT  
RUTHERFORD, NJ 07070 US**

**40078234**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152007

Chg-P

CR2E034 (12/06)

4. FEI Number  
**22-1348630**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE **VP** ☐ Delete  
NAME **CONNORS, MARK**  
STREET ADDRESS **201 RTE 17 NORTH**  
CITY- ST- ZIP **RUTHERFORD, NJ 07070**

TITLE **AT** ☐ Delete  
NAME **ENDER, PETER**  
STREET ADDRESS **201 RTE 17 NORTH**  
CITY- ST- ZIP **RUTHERFORD, NJ 07070**

TITLE **S** ☐ Delete  
NAME **SHERMAN, STEPHEN**  
STREET ADDRESS **201 RTE. 17 NORTH**  
CITY- ST- ZIP **RUTHERFORD, NJ 07070**

TITLE **PD** ☐ Delete  
NAME **JILCH, CHRISTIAN**  
STREET ADDRESS **201 RT 17 N**  
CITY- ST- ZIP **RUTHERFORD, NJ 07070**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE **TREASURER** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 a address, with all other like empowered.

SIGNATURE:

**PETER ENDER**

**4/18/07**  
Date

**201-508-3000**  
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR