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FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90002 027 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 827429

1. Corporation Name
FORMATION, INC.

Principal Place of Business

**121 WHITTENDALE DRIVE
MOORESTOWN NJ 08057**

Mailing Address

**121 WHITTENDALE DRIVE
MOORESTOWN NJ 08057**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1972

4. FEI Number

22-1909393

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

24
Zip Country

29
Zip Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

(NOTE: Registered Agent signature required when reinstating)

3/19/99
DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **BEARD, DONALD**
STREET ADDRESS **9204 WOODVALE DR**
CITY-ST-ZIP **DAMASCUS MD**

TITLE **D** ☐ DELETE
NAME **PAMPEL, ROLAND**
STREET ADDRESS **33 CHEQUAMEGON BAY**
CITY-ST-ZIP **MADISON WI**

TITLE **VS** ☐ DELETE
NAME **KESSLER, BARRY**
STREET ADDRESS **732 SOCIETY HILL**
CITY-ST-ZIP **CHERRY HILL NJ**

TITLE **D** ☐ DELETE
NAME **BRAGG, GEORGE L.**
STREET ADDRESS **#6 HUTTON CENTRE DR., SUITE #1110**
CITY-ST-ZIP **SANTA ANA CA**

TITLE **PD** ☒ DELETE
NAME **BEARD, A D**
STREET ADDRESS **728 IRON POST RD**
CITY-ST-ZIP **MOORESTOWN, NJ 08000**

TITLE **CT** ☒ DELETE
NAME **CARROLL, CHARLES**
STREET ADDRESS **121 WHITTENDALE DRIVE**
CITY-ST-ZIP **MOORESTOWN NJ**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD

N EVAT

121 Whittendale Dr

Moorestown NJ 08057

CT

Charles A Worthman

121 Whittendale Dr

Moorestown NJ 08057

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 #

CR2E034 (11/98)