


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90042 045 \*\*\*158.75

<b>DOCUMENT # 835938</b>					
1. Entity Name WESTFALIA SEPARATOR, INC.					
Principal Place of Business 100 FAIRWAY COURT NORTHVALE, NJ 07647			Mailing Address 100 FAIRWAY COURT NORTHVALE, NJ 07647		
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	4. FEI Number 22-1535190	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent UNDERWOOD, ROCKY 4125 LAKELAND COMMERCE PKWY STE 14 LAKELAND, FL 33805				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORY ROBINSON		NAME	MICHAEL VICK	
STREET ADDRESS	100 FAIRWAY COURT		STREET ADDRESS	100 FAIRWAY COURT	
CITY-ST-ZIP	NORTHVALE, NJ 07647		CITY-ST-ZIP	NORTHVALE, NJ 07647	
TITLE	C	<input type="checkbox"/> Delete	TITLE	V. P. TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREVOR GOULBOURNE		NAME	ROBERT GREENLAW	
STREET ADDRESS	100 FAIRWAY COURT		STREET ADDRESS	100 FAIRWAY COURT	
CITY-ST-ZIP	NORTHVALE, NJ 07647		CITY-ST-ZIP	NORTHVALE, NJ 07647	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V. P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIDDLEMANN, HERMAN		NAME	JOSEPH PAULOSKY	
STREET ADDRESS	100 FAIRWAY COURT		STREET ADDRESS	100 FAIRWAY COURT	
CITY-ST-ZIP	NORTHVALE, NJ 07647		CITY-ST-ZIP	NORTHVALE, NJ 07647	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODONNELL, CLEM		NAME		
STREET ADDRESS	100 FAIRWAY COURT		STREET ADDRESS		
CITY-ST-ZIP	NORTHVALE, NJ 07647		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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01092007 Chg-P CR2E034 (12/06)

4. FEI Number  
22-1535190

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

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)

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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 an address, with all other like empowered.

SIGNATURE: *Trevor A. Goulbourne* 1/12/07 201-784-6487  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #