

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**  
 05-02-2001 90133 015 \*\*\*150.00

**DOCUMENT # 837571**

1. Entity Name  
**SGS CONTROL SERVICES INC.**

Principal Place of Business      Mailing Address  
**333 THORNALL STREET**      **42 BROADWAY**  
**EDISON NJ 08818**      **NEW YORK NY 10004**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **13-5421780**      Applied For  
 Not Applicable

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>POWELL, NORMAN</b> <b>333 THORNALL STREET</b> <b>EDISON NJ 08818</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <b>GREW, DENNIS</b> <b>333 THORNALL STREET</b> <b>EDISON NJ 08818</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>YOUNG, BERNARD</b> <b>42 BROADWAY</b> <b>NEW YORK NY 10004</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>ENDER, PETER</b> <b>42 BROADWAY</b> <b>NEW YORK NY 10004</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BRIDWELL, R.K.</b> <b>291 FAIRFIELD AVE</b> <b>FAIRFIELD NJ 07004</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>BIREN, MELISSA</b> <b>333 THORNALL ST</b> <b>EDISON NJ 08818</b>	<input checked="" type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>JAN MILIO</b> <b>1201 W 8TH ST</b> <b>DEER PARK, TX 77536</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>BERNARD YIP</b> <b>42 BROADWAY</b> <b>NEW YORK NY 10004</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 like empowered.

**SIGNATURE:** \_\_\_\_\_ **4/23/01**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)