

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90165 026 \*\*\*150.00

**DOCUMENT # 837571**

1. Entity Name

**SGS CONTROL SERVICES INC.**

Principal Place of Business

**333 THORNALL STREET**

**EDISON NJ 08818**

Mailing Address

**42 BROADWAY**

**NEW YORK NY 10004**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**12621 N. FEATHERWOOD DRIVE**

Suite, Apt. #, etc.

**350**

3. Mailing Address

**20 LAFAYETTE ST.**

Suite, Apt. #, etc.

**TAX DEPARTMENT**

City & State

**HOUSTON TX**

City & State

**CARLEET NJ**

Zip

**77034**

Country

**U.S.**

Zip

**07008**

Country

**U.S.**

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

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 **P** ☐ Delete

NAME **MILIO, JAN**  
 STREET ADDRESS **1201 W 8TH ST**  
 CITY-ST-ZIP **DEER PARK TX 77536**

TITLE **EVP** ☒ Delete

NAME **GREW, DENNIS**  
 STREET ADDRESS **333 THORNALL STREET**  
 CITY-ST-ZIP **EDISON NJ 08818**

TITLE **D** ☐ Delete

NAME **YIP, BERNARD**  
 STREET ADDRESS **42 BROADWAY**  
 CITY-ST-ZIP **NEW YORK NY 10004**

TITLE **AT** ☐ Delete

NAME **ENDER, PETER**  
 STREET ADDRESS **42 BROADWAY**  
 CITY-ST-ZIP **NEW YORK NY 10004**

TITLE **S** ☐ Delete

NAME **BRIDWELL, R.K.**  
 STREET ADDRESS **291 FAIRFIELD AVE**  
 CITY-ST-ZIP **FAIRFIELD NJ 07004**

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES/DIR** ☒ Change ☐ Addition

NAME  
 STREET ADDRESS **12621 N. FEATHERWOOD DR., SUITE 350**  
 CITY-ST-ZIP **HOUSTON, TX 77034**

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

CR2E034 (9/01)

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:

**PETER ENDER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-02**

Date

**732-541-7200**

Daytime Phone #