

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90118 003 ***150.00

DOCUMENT # 844319

1. Entity Name
SGS AUTOMOTIVE SERVICES INC.



Principal Place of Business
~~39 PLYMOUTH STREET, SECOND FLOOR~~
~~FAIRFIELD, CT 07054 US~~

Mailing Address
~~20 LAFAYETTE ST~~
~~TAX DEPT.~~
~~CARTERET, NJ 07008 US~~

2. Principal Place of Business
201 Route 17 North
Suite, Apt. #, etc.

3. Mailing Address
201 Route 17 North
Suite, Apt. #, etc.
TAX DEPARTMENT

City & State
RUTHERFORD NJ
Zip
07070 Country
USA

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RUTHERFORD NJ
Zip
07070 Country
USA

04232004 Chg-P CR2E034 (10/03)

4. FEI Number
13-2991379 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRIDWELL, ROBERT L 291 FAIRFIELD AVE. FAIRFIELD, NJ 07004 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BIGGAR, J. KURT 99 PLYMOUTH ST. FAIRFIELD, NJ 07054 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOBIN, RICHARD 42 BROADWAY NEW YORK, NY 10004 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONNOLLY, MICHAEL 99 PLYMOUTH STREET PARSHIPPANY, NJ 07054 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ENDER, PETER A 42 BROADWAY 20TH FLOOR NEW YORK, NY 100041639 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 Route 17 North RUTHERFORD, NJ 07070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9805-C NORTH CROSS CENTER CT HUNTERVILLE NC 28078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR MICHAEL BUGANTI 201 ROUTE 17 NORTH RUTHERFORD NJ 07070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 ROUTE 17 NORTH RUTHERFORD NJ 07070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 ROUTE 17 NORTH RUTHERFORD NJ 07070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peter A. Ender
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04
Date

201-508-3138
Daytime Phone #