

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90087 032 ***150.00

40047367



01042006 Chg-P CR2E034 (11/05)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BRIDWELL, ROBERT L	
STREET ADDRESS	201 ROUTE 17 NORTH	
CITY-ST-ZIP	RUTHERFORD, NJ 07070	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BIGGAR, J. KURT	
STREET ADDRESS	9805-C NORTH CROSS CENTER CT.	
CITY-ST-ZIP	HUNTERVILLE, NC 28078	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIGANTI, MICHAEL	
STREET ADDRESS	201 ROUTE 17 NORTH	
CITY-ST-ZIP	RUTHERFORD, NJ 07070	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SINGH, THAKAR	
STREET ADDRESS	201 ROUTE 17 NORTH	
CITY-ST-ZIP	RUTHERFORD, NJ 07070	
TITLE	AT	<input type="checkbox"/> Delete
NAME	ENDER, PETER A	
STREET ADDRESS	201 ROUTE 17 NORTH	
CITY-ST-ZIP	RUTHERFORD, NJ 07070	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN SHERMAN	
STREET ADDRESS	201 ROUTE 17 NORTH	
CITY-ST-ZIP	RUTHERFORD NJ 07070	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGH, THAKAR	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/06

201-508-3138

Date

Daytime Phone #