


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90006 047 ***150.00

DOCUMENT # 844978 1. Entity Name TORCON, INC.	
---	---

Principal Place of Business 214 GROVE ST EAST PO BOX 609 WESTFIELD, NJ 07091	Mailing Address 214 GROVE ST EAST PO BOX 609 WESTFIELD, NJ 07091
--	--

50003616



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042005 Chg-P CR2E034 (10/03)

4. FEI Number 22-1773944	Applied For <input type="checkbox"/> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

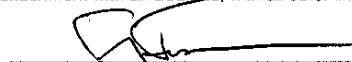
**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	EVP	<input type="checkbox"/> Delete		TITLE	Co-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORCIVIA JR., BENEDICT J			NAME			
STREET ADDRESS	8 BUTTONWOOD LANE			STREET ADDRESS			
CITY-ST-ZIP	RUMSON, NJ			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISCHER, PHILIP			NAME			
STREET ADDRESS	16 PILGRIM RUN			STREET ADDRESS			
CITY-ST-ZIP	E. BRUNSWICK, NJ			CITY-ST-ZIP			
TITLE	EVP	<input type="checkbox"/> Delete		TITLE	Co-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORCIVIA, JOSEPH A.			NAME			
STREET ADDRESS	58 BUENA VISTA AVE			STREET ADDRESS			
CITY-ST-ZIP	RUMSON, NJ			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			

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:



1/7/05

908-232-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Philip Fischer, Treasurer

Date Daytime Phone #