

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90106 041 ***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

2. Principal Place of Business

328 Newman Springs Road
Suite, Apt. #, etc.

3. Mailing Address

328 Newman Springs Road
Suite, Apt. #, etc.

City & State

Red Bank, NJ

City & State

Red Bank, NJ

Zip
07701

Country

Zip
07701

Country

04212006

Chg-P

CR2E034 (11/05)

4. FEI Number

22-1773944

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
TORCIVIA JR., BENEDICT J
8 BUTTONWOOD LANE
RUMSON, NJ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
FISCHER, PHILIP
16 PILGRIM RUN
E. BRUNSWICK, NJ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
TORCIVIA, JOSEPH A.
58 BUENA VISTA AVE
RUMSON, NJ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chief Financial Officer ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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

4/21/06

Date

732-704-9800

Daytime Phone #

Philip Fischer, Chief Financial Officer