

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90426 036 ***150.00

0615572 AT

DOCUMENT # 847566



1. Entity Name
SOILS ENGINEERING SERVICES, INC.

Principal Place of Business
**12 MAPLE AVENUE
PINE BROOK NJ 07058**

Mailing Address
**12 MAPLE AVENUE
PINE BROOK NJ 07058**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-2119179**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

**TAUBE, LAWRENCE U.
1601 FORUM PLACE
SUITE 301
WEST PALM BEACH FL 33401**

Name
NATIONAL CORPORATION RESEARCH LTD, INC.

Street Address (P.O. Box Number is Not Acceptable)
103 NORTH MERIDIAN STREET

City **TALLAHASSEE, FL** Zip Code **32301**

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 Wayne Rafanelli, Wayne Rafanelli, V.P.

4/11/03

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 Delete
NAME **V ADAM, JAY P E**
STREET ADDRESS **12A MAPLE AVE.**
CITY-ST-ZIP **PINE BROOK NJ**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **PST ST PIERRE, WILLIAM J P E**
STREET ADDRESS **12A MAPLE AVE.**
CITY-ST-ZIP **PINE BROOK NJ**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

4/14/2003

(973) 808-9050

WILL SIGNATURE AND TYPED OR PRINTED NAME BE SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)