

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**  
 03-03-2000 90031 047 \*\*\*150.00

**DOCUMENT # 849275**

**1. Entity Name**  
**JENNY ENGINEERING CORP., INC.**

Principal Place of Business <b>EDISON PLACE SPRINGFIELD NJ 07081</b>	Mailing Address <b>2 EDISON PLACE SPRINGFIELD NJ 07081-1310</b>
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>4. FEI Number</b> <b>22-1809955</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**OLSON, GEORGE, JR.**  
**12043 HIDDEN HILLS DRIVE**  
**JACKSONVILLE FL 32225**

**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.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PTD</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>JENNY, ROBERT J.</b>		NAME	
STREET ADDRESS <b>616 S. ORANGE AVE., SKYHOUSE #1</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MAPLEWOOD NJ</b>		CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>JENNY, MARCELLINE D</b>		NAME	
STREET ADDRESS <b>616 S. ORANGE AVE., SKYHOUSE #1</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MAPLEWOOD NJ</b>		CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>MCDERMOTT, RICHARD J.</b>		NAME	
STREET ADDRESS <b>80 SUTTON RD.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>CALIFON NJ</b>		CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>DONDE, PRAKASH M.</b>		NAME	
STREET ADDRESS <b>20 DEERWOOD TRAIL, WEST</b>		STREET ADDRESS	
CITY-ST-ZIP <b>WARREN, NJ.</b>		CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>KWIATKOWSKI, THOMAS P</b>		NAME	
STREET ADDRESS <b>45 OBERLIN ST</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MAPLEWOOD NJ 07040</b>		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	

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Richard J. McDermott **1/7/99** **(973) 379-6699**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)