2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857233

Entity Name: EDWARD WECK, INCORPORATED

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
TAX DEPAI	RTMENT 3RD I	FLOOR				
	K, NY 10154	US				
Current Mailing Address:				New Mailing Address:		
TAX DEPT3RD FLOOR 345 PARK AVE. NEW YORK, NY 10154			34	TAX DEPARTMENT 3RD FLOOR 345 PARK AVENUE NEW YORK, NY 10154 US		
FEI Number:	FEI Number: 11-2005538 FEI Number Applied For () FEI Number		FEI Numbe	nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name					Address of N	ew Registered Agent:
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 US						
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:						
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	S () D VORA, SONIA 345 PARK AVE. NEW YORK, NY	Delete 10154	Na Ad		S (X) VORA, SONIA 777 SCUDDERS PLAINSBOR, N	
Title: Name: Address: City-St-Zip:	TD () C GALIK, JEFFREY ROUTE 206 PRO PRINCETON, NJ	VINCELINE RD.	Na Ad	itle: ame: ddress: ity-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	DP () D WILLIAM, MCGAI 6000 THOMPSON SYRACUSE, NY	N RD	Na Ad	itle: ame: ddress: ity-St-Zip:	DP (X) ROSSI, FRANCI 1 SQUIBB DRIV NEW BRUNSWI	Æ
Title: Name: Address: City-St-Zip:	V () E LEWBEL, GARY 345 PARK AVE. NEW YORK, NY	Delete 10154	Na Ad	itle: ame: ddress: ity-St-Zip:	VP (X) LEWBEL, GARY 345 PARK AVE. NEW YORK, NY	
Title: Name: Address: City-St-Zip:	()[Delete	Na Ad	itle: ame: ddress: ity-St-Zip:	GALIK, JEFFRE	PROVINCELINE ROAD
Title: Name: Address: City-St-Zip:	()[Delete	Na Ad	itle: ame: ddress: ity-St-Zip:	BONK, DAVID	Change (X) Addition PROVINCELINE ROAD J 08543

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY LEWBEL VP 04/28/2009