2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F0000000787 1. Entity Name INCURRENT SOLUTIONS, INC.					FILED Mar 01, 2001 8:00 an Secretary of State 03-01-2001 90028 041 ***158.75		
		Mailing Address 10 LANIDEX CENTER PARSIPPANY NJ 07054				€) Ha <> -	
2. Principal Pl	lace of Business	3. Mailing Address	Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State			FEI Number 22-3525021		oplied For
Zip	Country	Zip	Country	5.1	Certificate of Status Desired	N ₩ \$8.75 Add	ot Applicable ditional
	6. Name and Address of Current Re	egistered Agent	<u> </u>		Name and Address of New F	Fee Require	d
BETZ, MARK 1800 PEMBROOK DRIVE ORLANDO FL 32810			Street	Address (P.U.	Box Number is Not Acceptable	e) FL Zin Cod	ę
Tax filing r (See criter	Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW After MAY 1, 20 Make Check Paya).00 \$550.00	reinstating) 10. Election Campaign Fir Trust Fund Contributic	~ _ ψν.υ	00 May Be d to Fees
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D BETZ, MARK 41 JAIME COURT MORRIS PLAINS NJ	IRECTORS	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Tim Fus 339 Love Uleyne, 1	ella Ave PA 19037	ICERS AND DIRECTOR	S IN 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOSTER, MICHAEL S 41 SHELLEY AVENUE HARTSDALE NY	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bruce Lu 428 Owen Nymne M	vehrs Load wod _i PA 19096	Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T YANG, ALLEN Y 699 JOHN CHRISTIAN DRIVE BRIDGEWATER NJ	Delete	TITLE NAME STREET ADDRES CITY - ST - ZIP		hall Ingthill Road m, NJ 08559	Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HSU, CHING-1 400 COTTONTAIL LANE SOMERSERT NJ	Delete	TITLE NAME STREET ADORES CITY - ST - ZIP	CEU Liren Hula Facilistoie 7350 ST. Maccung	bor Form Read Pic, PA 18062	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	3		Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		🗋 Delete	TITLE NAME STREET ADDRES CITY - ST - ZIP	5		Change	Addition
13. I hereby indicated of the co	certify that the information supplied with t d on this report or supplemental report is t rporation or the receiver or trustee empone , or on an attachment with an address, w TURE:	rue and accurate and that vered to execute this repor ith all other like empowered	or the exemption s my signature shat rt as required by C d. Loren Hu	have the same	e lenal ottoot ee it made under	oath: that I am an office	r or diractor