## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000001965

MASON, PHILIP J

910 OAK TREE ROAD

SOUTH PLAINFIELD, NJ 07080

Name:

Address:

City-St-Zip:

Entity Name: CARLE EWIG INCORPORATED

FILED May 21, 2004 Secretary of State

Entity Na	Me: CARLF.	EWIG INCORPORATED		
Current Principal Place of Business:			New Principal Place of Business:	
	TREE ROAD LAINFIELD, N	J 07080		
Current Mailing Address:			New Mailing Address:	
	TREE ROAD LAINFIELD, N	J 07080		
FEI Number	: 13-5661295	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
PETERS, 3001 PON	VIRT T ESQUI MAXEY, SHO ICE DE LEON ABLES, FL 33	RT & MAXEY, P.A. BLVD., #200		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered A	gent	Date
		93(2)(b), F.S., the corporation did (	not receive the prior notice.	
	S AND DIREC	•	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	EWIG, THOMA 910 OAK TREI		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	EWIG, THOMA 910 OAK TREI		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	EWIG, ANN F 46 MITCHELL	) Delete ROAD FIELD, NJ 07080	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title:	CFOC ()	() Delete	Title:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS A EWIG, JR. PRES 05/21/2004