

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90033 040 ***150.00

DOCUMENT # F00000004042

1. Entity Name
MARK IV IVHS, INC.



Principal Place of Business
**24 MINNEAKANINY RD
FLEMINGTON, NJ 08822**

Mailing Address
**P.O BOX 810
AMHERST, NY 14226-0810**



04082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1317836	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MONTAGUE, WILLIAM P
STREET ADDRESS 501 JOHN JAMES AUDUBON PKWY.
CITY-ST-ZIP AMHERST, NY 14228

TITLE VPT
NAME BARBERIO, MARK G
STREET ADDRESS 501 JOHN JAMES AUDUBON PKWY.
CITY-ST-ZIP AMHERST, NY 14228

TITLE VP
NAME GRENOLDS, RICHARD L
STREET ADDRESS 501 JOHN JAMES AUDUBON PKWY.
CITY-ST-ZIP AMHERST, NY 14228

TITLE SEC **VP**
NAME STEELE, EDWARD R
STREET ADDRESS 501 JOHN JAMES AUDUBON PKWY
CITY-ST-ZIP AMHERST, NY 14228

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 the empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

716-689-4972