

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005532

Entity Name: VACUMET CORP.

FILED  
Apr 28, 2006  
Secretary of State

## Current Principal Place of Business:

22 RIVERVIEW DRIVE, SUITE 101  
WAYNE, NJ 07470

## New Principal Place of Business:

## Current Mailing Address:

22 RIVERVIEW DRIVE, SUITE 101  
WAYNE, NJ 07470

## New Mailing Address:

FEI Number: 22-1944834

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Title: TD ( ) Delete  
Name: KOROWICKI, ROBERT  
Address: 22 RIVERVIEW DRIVE, SUITE 101  
City-St-Zip: WAYNE, NJ 07470

Title: AT ( ) Delete  
Name: SAMSON, JAMES  
Address: 200 WEST NORTH AVE.  
City-St-Zip: NORTHLAKE, IL 60164

Title: S ( ) Delete  
Name: BELL, MARTIN  
Address: 19500 JAMBOREE ROAD  
City-St-Zip: IRVINE, CA 92612

Title: D ( ) Delete  
Name: SCHOLLE, WILLIAM  
Address: 19500 JAMBOREE ROAD  
City-St-Zip: IRVINE, CA 92612

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition  
Name: SAMPSON, JAMES R  
Address: 22 RIVERVIEW DRIVE, SUITE 101  
City-St-Zip: WAYNE, NJ 07470

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SVP (X) Change ( ) Addition  
Name: BELL, MARTIN  
Address: 19500 JAMBOREE ROAD  
City-St-Zip: IRVINE, CA 92612

Title: PD (X) Change ( ) Addition  
Name: SCHOLLE, WILLIAM  
Address: 19500 JAMBOREE ROAD  
City-St-Zip: IRVINE, CA 92612

I hereby certify that the information supplied with this filing does not qualify for the 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: DONALD GARNER

PA

04/28/2006

Electronic Signature of Signing Officer or Director

Date