

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000007099	
1. Entity Name PFEIFFER OF AMERICA, INC.	



Principal Place of Business 12 ROSZEL ROAD, SUITE C 104 PRINCETON, NJ 08540	Mailing Address 12 ROSZEL ROAD, SUITE C 104 PRINCETON, NJ 08540
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DO NOT WRITE IN THIS SPACE



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3338534	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AMSTER, ED 15751 SW 41ST ST., SUITE 300 DAVIE, FL 33331
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**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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP SCHUTZ, HANS-JOSEF OESCHLESTRASSE 124-126, 78315 RADOLFZELL- BOHRINGEN, GERMANY,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HAGGE, STEPHEN J 475 WEST TERRA COTTA AVENUE, SUITE E CRYSTAL LAKE, IL 60014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PFEIFFER, PETER OESCHLESTRASSE 124-126, 78315 RADOLFZELL- BOHRINGEN, GERMANY,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SICA, RICHARD 12 ROSZEL ROAD, SUITE C 104 PRINCETON, NJ 08540
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CHAVERAIT, PIERRE OESCHLESTRASSE 124-126, 78315 RADOLFZELL BOHRINGEN, GERMANY,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ANTONIO, CINDY D 12 ROSZEL RD., SUITE C-104 PRINCETON, NJ 08540

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 like empowered.

SIGNATURE: <i>Rich Sica</i>	<i>2/2/04</i>	<i>609-989-0223</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #