


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90012 020 ***150.00

60009307

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		
2. Principal Place of Business 742 ALEXANDER ROAD		3. Mailing Address 742 ALEXANDER ROAD		01102006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc. SUITE # 201		Suite, Apt. #, etc. SUITE # 201			
City & State PRINCETON, NEW JERSEY		City & State PRINCETON, NEW JERSEY			
Zip 08540		Country USA		4. FEI Number 22-3338534	
Zip 08540		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CSC CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAF, LOTHAR DESCHLESTRASSE 124-126 RADOLZFELL, BOMRINGEN, GER., 78316 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HAGGE, STEPHEN J 475 WEST TERRA COTTA AVENUE, SUITE E CRYSTAL LAKE, IL 60014 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PFEIFFER, PETER OESCHLESTRASSE 124-126, 78315 RADOLZFELL- BOHRINGEN, GERMANY, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SICA, RICHARD 12 ROSZEL ROAD, SUITE C 104 PRINCETON, NJ 08540 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS POLTERMANN, RALPH 475 W. TERRA COTTA AVE, SUITE E CRYSTAL LAKE, IL 60014 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANTONIO, CINDY D 12 ROSZEL RD., SUITE C-104 PRINCETON, NJ 08540 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 like empowered.					
SIGNATURE: _____			Richard Sica 1/26/06 609-987-0623 ext. 14		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					