

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90042 048 \*\*\*150.00

**DOCUMENT # F01000003180**

1. Entity Name  
**CHIMES, INC.**



Principal Place of Business  
**49 OLD BLOOMFIELD AVE.  
MOUNTAIN LAKES, NJ 07046-1495**

Mailing Address  
**49 OLD BLOOMFIELD AVE.  
MOUNTAIN LAKES, NJ 07046-1495**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**22-3717069**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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

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, 2004 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	<input type="checkbox"/> Delete
NAME	OLSON, BARRY D	
STREET ADDRESS	54 CORPORATE DRIVE - SUITE 306	
CITY-ST-ZIP	TROY, MI 48098	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MURPHY, WILLIAM J	
STREET ADDRESS	49 OLD BLOOMFIELD AVE.	
CITY-ST-ZIP	MOUNTAIN LAKES, NJ 070461495	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	SHEA, MICHAEL J	
STREET ADDRESS	49 OLD BLOOMFIELD AVE.	
CITY-ST-ZIP	MOUNTAIN, NJ 070461495	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASSESE, JOHN J	
STREET ADDRESS	49 OLD BLOOMFIELD AVE.	
CITY-ST-ZIP	MOUNTAIN, NJ 070461495	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

*Michael J. Shea*  
**MICHAEL J. SHEA**  
**VP + CFO**

1/12/04

973-299-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #