

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000002774

1. Entity Name
MUNDI/WESTPORT CORPORATION



Principal Place of Business
331 CHANGEBRIDGE RD.
PINE BROOK, NJ 07058

Mailing Address
331 CHANGEBRIDGE RD.
P.O. BOX 2002
PINE BROOK, NJ 07058



03252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-1838553

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NATOLI, BETH
19101 SKYRIDGE CIRCLE
BOCA RATON, FL 33498

**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 file 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 NAME STREET ADDRESS CITY-ST-ZIP	CCEO FLORIN, RICHARD 50 OAK BEND RD., LLEWELLYN PARK WEST ORANGE, NJ 07052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSS, J. KEVIN 37 CRAWFORD RD. WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPC BODNAR, JOSEPH J 95 BLACKSTONE RD. PORT READING, NJ 07034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLORIN, JOHN 52 ATHENS RD. SHORT HILLS, NJ 07034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JANE FLORIN LANGENDORFF 16 VINCENT LANE SHORT HILLS, NJ 07078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLORIN, THELMA 50 OAK BEND RD., LLEWELLYN PARK WEST ORANGE, NJ 07052

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04/05/04-80040-004 150.00

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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)(f), 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:

Joseph J. Bodnar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH J. BODNAR EVP/CFO

Date

4/2/04

Daytime Phone #

973-575-0110