


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F02000003452 1. Entity Name SAGE TECHNICAL SERVICES, INC.	
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Principal Place of Business 4242 CARLISLE PIKE, STE. 177 CAMP HILL, PA 17011	Mailing Address 4242 CARLISLE PIKE, STE. 177 CAMP HILL, PA 17011
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 25-1609652	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANCE, RONALD C
PBCC SUITE MS49
4200 CONGRESS AVE.
LAKE WORTH, FL 33461

**DO NOT WRITE
IN THIS SPACE**

B. 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 NAME STREET ADDRESS CITY-ST-ZIP	VD SCANLON, HENRY 23 ELDEN DRIVE SADDLE RIVER, NJ 07458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRILL, TOM 444 WASHINGTON BLVD. #1517 JERSEY CITY, NJ 07310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CURIALE, JUDY 3510 PARK PLACE SPRINGFIELD, NJ 07081
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUCKEY, MICHAEL 32 EAST 40TH STREET NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO AVERSA, GREGG R 245 EAST LAUER LANE CAMP HILL, PA 17011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRILL, LEWIS 3311 BEN HOGAN LANE BILLINGS, MT 59106

000000006034
01/16/04-80018-024 150.00

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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:  01/06/04 (717) 761-3931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #