

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90274 016 ***150.00

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1. Entity Name

ROHACRYL, INC.



Principal Place of Business

379 INTERPACE PKWY
PO BOX 677
PARSIPPANY NJ 07054-0677

Mailing Address

379 INTERPACE PKWY
PO BOX 677
PARSIPPANY NJ 07054-0677



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

22-2118583

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MUELLER, MICHAEL
STREET ADDRESS HENNIG DR, GUSTAV, ADOLPH, STRASSE 3
CITY-ST-ZIP PULLACH, GERMANY 82049

TITLE VPD ☐ Delete
NAME HETZKE, GREGOR
STREET ADDRESS KIRSCHENALLEE 14
CITY-ST-ZIP DARMSTADT, GERMANY 64293

TITLE S ☐ Delete
NAME VINOCUR, PETER A
STREET ADDRESS 23700 CHAGRIN BLVD
CITY-ST-ZIP BEACHWOOD OH 44122-5554

TITLE T ☐ Delete
NAME AMIN, JIGNESH
STREET ADDRESS 379 INTERFACE PKWY
CITY-ST-ZIP PARSIIPPANY NJ 07054-0677

TITLE AS ☒ Delete
NAME OLSEN, JAMES S
STREET ADDRESS 379 INTERFACE PKWY
CITY-ST-ZIP PARSIIPPANY NJ 07054-0677

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME Michael Mueller-Hennig
STREET ADDRESS Dr.-Gustav-Adolph-Strasse 3
CITY-ST-ZIP Pullach, Germany 82049

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06

Date

973-541-8584

Daytime Phone #