

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90556 047 ***150.00

DOCUMENT # F04000000885

1. Entity Name
ITS.ON CORPORATION



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.

City & State

City & State

Zip

Country

Zip

Country

01072005

Chg-P

CR2E034 (10/03)

4. FEI Number
22-3845294

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ARMONAT, BURKHARD
STREET ADDRESS 379 INTERPACE PKWY
CITY-ST-ZIP PARPIPPANY, NJ 070540677

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

TITLE VPS ☐ Delete
NAME VINOCUR, PETER A
STREET ADDRESS 23700 CHAGRIN BLVD
CITY-ST-ZIP BEACHWOOD, OH 441225554

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

TITLE D ☐ Delete
NAME SUESSMEIR, THOMAS
STREET ADDRESS GOLDSCHMIDTSTRASSE 100 ESSEN
CITY-ST-ZIP GERMANY 45127,

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

TITLE D ☐ Delete
NAME KNOPF, PETER T
STREET ADDRESS 379 INTERPACE PKWY
CITY-ST-ZIP PARPIPPANY, NJ 070540677

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

TITLE D ☐ Delete
NAME GINTZEL, JOCHEN
STREET ADDRESS ESSEN TOR 3, GERLINGSTRASSE 65 ESSEN
CITY-ST-ZIP GERMANY 45127,

TITLE ☒ Change ☐ Addition
NAME GINTZEL, JOCHEN
STREET ADDRESS GOLDSCHMIDTSTRASSE 100
CITY-ST-ZIP ESSEN GERMANY 45127

TITLE ☐ Delete
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 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: *B. P. Armonat* **BURKHARD ARMONAT** 04/04/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #