

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002647

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: INTERNATIONAL TECHNIDYNE CORPORATION

**Current Principal Place of Business:**

8 OLSEN AVENUE  
EDISON, NJ 08820

**New Principal Place of Business:**

**Current Mailing Address:**

8 OLSEN AVENUE  
EDISON, NJ 08820

**New Mailing Address:**

FEI Number: 22-1894953

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GROSSMAN, D. KEITH  
Address: 6035 STONERIDGE DRIVE  
City-St-Zip: PLEASANTON, CA 94588

Title: S ( ) Delete  
Name: LEHMAN, DAVID  
Address: 6035 STONERIDGE DRIVE  
City-St-Zip: PLEASANTON, CA 94588

Title: P ( ) Delete  
Name: COHEN, LARRY  
Address: 20 CORPORATE PLACE  
City-St-Zip: PISCATAWAY, NJ 08854

Title: CFO ( ) Delete  
Name: SMITH, DAVID  
Address: 6035 STONERIDGE DR.  
City-St-Zip: PLEASANTON, CA 94588

Title: VPOF ( ) Delete  
Name: WAJCIK, LAWRENCE  
Address: 330 TALMADGE RD.  
City-St-Zip: EDISON, NJ 08817

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPOF (X) Change ( ) Addition  
Name: WOJCIK, LAWRENCE  
Address: 330 TALMADGE RD.  
City-St-Zip: EDISON, NJ 08817

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY RITCHIE

Electronic Signature of Signing Officer or Director

FILE

04/23/2008

\_\_\_\_\_ Date