


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000003080</b> 1. Entity Name <b>BOBST EQUIPMENT FINANCE COMPANY, INC.</b>	
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Principal Place of Business <b>146 HARRISON AVENUE ROSELAND, NJ 07068</b>	Mailing Address <b>146 HARRISON AVENUE ROSELAND, NJ 07068</b>
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**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>22-2830856</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

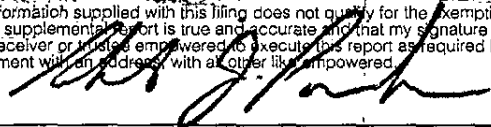
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FIAUX, MICHEL 146 HARRISON AVENUE ROSELAND, NJ 07068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRACEY, PATRICIA 146 HARRISON AVENUE ROSELAND, NJ 07068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RANEY, CHRISTOPHER 146 HARRISON AVENUE ROSELAND, NJ 07068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D'ANGELO, MICHAEL 146 HARRISON AVENUE ROSELAND, NJ 07068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PORDON, ROBERT 146 HARRISON AVENUE ROSELAND, NJ 07068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JENDLY, ALAIN 146 HARRISON AVENUE ROSELAND, NJ 07068

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02/08/05-80058-003 150.00

**DO NOT WRITE  
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)(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:**  **Robert Pordon** 1/28/05 973-226-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #