

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # F05000004518	
1. Entity Name FIDELIO, INC.	
Principal Place of Business ONE MAYNARD DRIVE PARK RIDGE, NJ 07656	Mailing Address ONE MAYNARD DRIVE PARK RIDGE, NJ 07656



02132008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 22-3273837	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**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	CP
NAME	EBELING, RAYMOND P
STREET ADDRESS	ONE MAYNARD DR.
CITY-ST-ZIP	PARK RIDGE, NJ 07656
TITLE	SD
NAME	EISELE, MATTHEW D
STREET ADDRESS	ONE MAYNARD DR.
CITY-ST-ZIP	PARK RIDGE, NJ 07656
TITLE	T
NAME	QUINN, KENNETH T
STREET ADDRESS	ONE MAYNARD DR.
CITY-ST-ZIP	PARK RIDGE, NJ 07656
TITLE	D
NAME	IVERSON, ARILD B
STREET ADDRESS	ONE MAYNARD DR.
CITY-ST-ZIP	PARK RIDGE, NJ 07656
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/03/08-80068-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

*Kenneth T. Quinn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kenneth T. Quinn**  
**Senior V.P., Treasurer, & CFO**

*3/14/08*  
Date

*201-571-0404*  
Daytime Phone #