

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # F88812

1. Entity Name
MIP, INC.



Principal Place of Business

ONE LETHBRIDGE PLAZA
SUITE 30
MAHWAH, NJ 07430 US

Mailing Address

ONE LETHBRIDGE PLAZA
SUITE 30
MAHWAH, NJ 07430 US



07112007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2207360

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CIOFFI, JAMES A. ESQ.
250 TEQUESTA DRIVE, SUITE #200
TEQUESTA, FL 33469

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

UP00000768973
07/16/07-80009-002 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOTZ, WILLIAM A.
STREET ADDRESS ONE LETHBRIDGE PLAZA
CITY-ST-ZIP MAHWAH, NJ 07430

TITLE VDS
NAME WILLIAMSON, JR, WILLIAM
STREET ADDRESS ONE LETHBRIDGE PLAZA
CITY-ST-ZIP MAHWAH, NJ 07430

TITLE VTD
NAME BOMMER, STEPHEN K
STREET ADDRESS ONE LETHBRIDGE PLAZA
CITY-ST-ZIP MAHWAH, NJ 07430

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/07 201-831-0505