

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 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**



04282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2207360

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**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 \_\_\_\_\_

**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

U000000942545  
05/23/08-80023-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOTZ, WILLIAM A. ONE LETHBRIDGE PLAZA MAHWAH, NJ 07430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS WILLIAMSON, JR, WILLIAM ONE LETHBRIDGE PLAZA MAHWAH, NJ 07430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BOMMER, STEPHEN K ONE LETHBRIDGE PLAZA 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

4/28/08 2018310SS  
Date Daytime Phone #