

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90223 043 \*\*\*158.75

|                                                                  |                                                                                   |                                                                                                                               |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

**DOCUMENT # F93000001212**

1. Corporation Name

**HOLTEC INTERNATIONAL, A NEW JERSEY CORPORATION**

Principal Place of Business

**555 LINCOLN DRIVE WEST**  
**MARLTON NJ 08053**  
**US**

Mailing Address

**555 LINCOLN DRIVE WEST**  
**MARLTON NJ 08053**  
**US**


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/26/1993**

4. FEI Number

**22-2759643**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

22. City &amp; State

27. City &amp; State

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

**SINGH, KRISHNA P DR.**  
**230 NORMANDY CIRCLE F**  
**PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reestablishing)

DATE

12. OFFICERS AND DIRECTORS

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | <b>CDP</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>SINGH, KRISHNA P DR.</b>   |                                 |
| STREET ADDRESS | <b>230 NORMANDY CIRCLE, E</b> |                                 |
| CITY-ST-ZIP    | <b>PALM HARBOR FL 34683</b>   |                                 |

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>VCD</b>                  | <input type="checkbox"/> DELETE |
| NAME           | <b>SOLER, ALAN I DR.</b>    |                                 |
| STREET ADDRESS | <b>1282 CHARLESTON RD.</b>  |                                 |
| CITY-ST-ZIP    | <b>CHERRY HILL NJ 08034</b> |                                 |

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>VP</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>SOLER, ALAN I DR.</b>    |                                 |
| STREET ADDRESS | <b>1282 CHARLESTON RD.</b>  |                                 |
| CITY-ST-ZIP    | <b>CHERRY HILL NJ 08034</b> |                                 |

|                |                             |                                            |
|----------------|-----------------------------|--------------------------------------------|
| TITLE          | <b>SDT</b>                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>SINGH, MARTHA J MS.</b>  |                                            |
| STREET ADDRESS | <b>230 NORMANDY CIRCLE</b>  |                                            |
| CITY-ST-ZIP    | <b>PALM HARBOR FL 34683</b> |                                            |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 4.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | <b>SDT</b>                                                                   |
| 4.3 STREET ADDRESS | <b>Bongrazio, Frank</b>                                                      |
| 4.4 CITY-ST-ZIP    | <b>34 Holly Park Dr.</b>                                                     |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | <b>Tabernacle, NJ 08088</b>                                       |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY-ST-ZIP    |                                                                   |

14. 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 annual report or supplemental annual 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 12 or Block 13 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

**V.P. FRANK BONGRAZIO**

Date

**1/5/99**

Daytime Phone #

**609-797-0900**

CR2E034 (11/98)