2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005124

Entity Name: QUARTX FLEET MANAGEMENT, INC

FILED Jun 26, 2007 Secretary of State

		TELET WINNEY (OLIVILIY), IIVO.			
Current Principal Place of Business:			New Principal Place of Business:		
	RE POINTE D BEACH, VA 23				
Current Mailing Address:			New Mailing Address:		
1 CAMPUS DR. PARSIPPANY, NY 07054			6 SYLVAN WAY PARSIPPANY, NY 07054		
FEI Number: 51-0351151 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()		
Name and	Address of C	Current Registered Agent:	Name and	Address of No	ew Registered Agent:
1201 HAY	ATION SERVIC S STREET SSEE, FL 3236				
The above in the State	named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts registered of	fice or registered agent, or both,
SIGNATUI	RE:				
	Electron	ic Signature of Registered Age	ent		Date
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () FIGUEROA, OF 48 WALL STRE NEW YORK, N	ET	Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	VP () HUBER, JOSEF 1 CAMPUS DR PARSIPPANY,		Title: Name: Address: City-St-Zip:	VP (X) WYSHNER, DAV 6 SYLVAN WAY PARSIPPANY, N	
Title: Name: Address: City-St-Zip:	D () NELSON, RON 9 W 57TH STR NEW YORK, N	EET	Title: Name: Address: City-St-Zip:	D (X) NELSON, RONA 6 SYLVAN WAY PARSIPPANY, N	
Title: Name: Address: City-St-Zip:	P () SALERNO, ROI 6 SYLVAN WAY PARSIPPANY,	(Title: Name: Address: City-St-Zip:	D (X) WYSHNER, DAV 6 SYLVAN WAY PARSIPPANY, N	
Title: Name: Address: City-St-Zip:	T () WYSHNER, DA 1 CAMPUS DRI PARSIPPANY,	VE	Title: Name: Address: City-St-Zip:	T (X) WYSHNER, DAV 6 SYLVAN WAY PARSIPPANY, N	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID B. WYSHNER T 06/26/2007