

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2008 8:00 am
Secretary of State

08-18-2008 90002 039 ***550.00

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1. Entity Name
COLLECTECH SYSTEMS, INC.



Principal Place of Business
31229 CEDAR VALLEY DRIVE
WESTLAKE VILLAGE, CA 91362 US

Mailing Address
3111 SOUTH DIXIE HIGHWAY
SUITE 101B
WEST PALM BEACH, FL 33405 US

40115716



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

07092008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
95-4135795

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$550.00
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE V/S ☐ Delete
NAME HARMER, GREGORY
STREET ADDRESS 100 PARK AVE
CITY-ST-ZIP NEW YORK, NY 10017

TITLE VP ☒ Delete
NAME LEVY, MARK
STREET ADDRESS 100 PARK AVE
CITY-ST-ZIP NEW YORK, NY 10017

TITLE P ☐ Delete
NAME KAPOOR, VIKAS
STREET ADDRESS 100 PARK AVE STE 11
CITY-ST-ZIP NEW YORK, NY 10017

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPS ☒ Change ☐ Addition
NAME Harmer, Gregory E.
STREET ADDRESS 335 Madison Ave. - 27th Floor
CITY-ST-ZIP New York, NY 10017

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☒ Change ☐ Addition
NAME Kapoor, Vikas
STREET ADDRESS 335 Madison Ave., 27th Floor
CITY-ST-ZIP New York, NY 10017

TITLE T ☐ Change ☒ Addition
NAME Stewart, Jeanne
STREET ADDRESS 335 Madison Ave. - 27th Floor
CITY-ST-ZIP New York, NY 10017

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

For Joseph Penello Chief Accounting Officer 8/8/08 646 274-3057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #