

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90173 038 \*\*\*150.00

**DOCUMENT # F94000002439**

1. Entity Name  
**JUDEL PRODUCTS CORP.**



Principal Place of Business  
**JUDEL PRODUCTS  
45 KNOLLWOOD RD.  
ELMSFORD, NY 10523 US**

Mailing Address  
**15 SYLVAN WAY  
PARSIPPANY, NY 07054**

**DO NOT WRITE IN THIS SPACE**



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**22-3192254**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	KOWALSKI, MICHAEL J
STREET ADDRESS	320 BROOKDALE ROAD
CITY-ST-ZIP	KINNELON, NJ 07405
TITLE	SD
NAME	DORSEY, PATRICK B
STREET ADDRESS	170 COLLINGWOOD AVENUE
CITY-ST-ZIP	FAIRFIELD, CT 06432
TITLE	CD
NAME	FERNANDEZ, JAMES N
STREET ADDRESS	11 ROGERS COURT
CITY-ST-ZIP	MIDLAND PARK, NJ 07432
TITLE	VTD
NAME	CONNOLLY, MICHAEL W
STREET ADDRESS	35 FORGE HILL RD
CITY-ST-ZIP	GLEN GARDNER, NJ 08826
TITLE	V
NAME	HEADLEY, ROBERT B
STREET ADDRESS	2888 MEADOWCREST DR
CITY-ST-ZIP	YORKTOWN HEIGHTS, NY 10598
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 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

*Michael W. Connolly*

*4/27/05*

Date

Daytime Phone #