

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90417 017 ***150.00

DOCUMENT # F94000003057

1. Entity Name
HYDROQUAL, INC.



Principal Place of Business
**1200 MACARTHUR BLVD
MAHWAH, NJ 07430**

Mailing Address
**1200 MACARTHUR BLVD
MAHWAH, NJ 07430**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182005

Chg-P

CR2E034 (10/03)

4. FEI Number

22-2299344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301**

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 \$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	PD	<input type="checkbox"/> Delete
NAME	LEO, WILLIAM M	
STREET ADDRESS	4 BEATRIX ROAD	
CITY-ST-ZIP	AIRMTONT, NY 10901	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PAQUIN, PAUL R	
STREET ADDRESS	15 MARSHALL DR	
CITY-ST-ZIP	CORNWALL, NY 12518	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GALLAGHER, THOMAS W	
STREET ADDRESS	263 INDIAN HOLLOW COURT	
CITY-ST-ZIP	MAHWAH, NJ 07430	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	SCHEIBLE, O. K	
STREET ADDRESS	19 OAKLAND COURT	
CITY-ST-ZIP	WARWICK, NY 10990	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KEANE, KEVIN D	
STREET ADDRESS	156 BRADY RD	
CITY-ST-ZIP	WARWICK, NJ 10990	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FITZPATRICK, JAMES J	
STREET ADDRESS	46 BEAR MOUNTAIN RD	
CITY-ST-ZIP	RINGWOOD, NJ 07456	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anid, Paul J.	
STREET ADDRESS	6009 Independence Avenue	
CITY-ST-ZIP	Bronx, NY 10471	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mutch Jr., Robert D.	
STREET ADDRESS	360 Darlington Avenue	
CITY-ST-ZIP	Ramsey, NJ 07446	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DiPippo, Gary J.	
STREET ADDRESS	15 Courtright Street	
CITY-ST-ZIP	Wantage, NJ 07461	
TITLE	Comp	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Koffer, Viola J.	
STREET ADDRESS	106 Maple Terrace	
CITY-ST-ZIP	Park Ridge, NJ 07656	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keane, Kevin D.	
STREET ADDRESS	156 Brady Road	
CITY-ST-ZIP	Warwick, NY 10990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Viola J. Koffer, Controller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIOLA J. KOFFER

Date

4/26/05

Daytime Phone #

201-529-5151