

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

APPROVED
AND
FILED

98 MAY 26 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000003639 (1)**

1. Corporation Name
BENEFICIAL TECHNOLOGY CORPORATION

Principal Place of Business

**ONE CHRISTINA CENTRE
301 N. WALNUT ST.
WILMINGTON DE 19801**

Mailing Address

**% STATE TAX DEPT., 300
301 N. WALNUT ST.
PEAPACK NJ 07877
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1994

4. FEI Number

51-0111085

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **BOYER, THEODORE L**
STREET ADDRESS **200 BENEFICIAL CENTER**
CITY-ST-ZIP **PEAPACK NJ**

TITLE **VP** ☒ DELETE

NAME **HANTAK, ROBERT A**
STREET ADDRESS **300 BENEFICIAL CENTER**
CITY-ST-ZIP **PEAPACK NJ**

TITLE **DST** ☐ DELETE

NAME **CALLAS, PETER R**
STREET ADDRESS **300 BENEFICIAL CENTER**
CITY-ST-ZIP **PEAPACK NJ 07977**

TITLE **AS** ☐ DELETE

NAME **BONNESEN, JUDITH A**
STREET ADDRESS **300 BENEFICIAL CENTER**
CITY-ST-ZIP **PEAPACK NJ**

TITLE **I** ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**President
Patty Prarie
300 Beneficial Center
Peapack, NJ 07977**

10/5/26

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

SIGNATURE *[Signature]* **10-7-98** **200 781 3381**

CR2E034 (10/97)