

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000006221

1. Entity Name
ENGELHARD DT, INC.



Principal Place of Business
**101 WOOD AVENUE
ISELIN, NJ 08830**

Mailing Address
**101 WOOD AVENUE
ISELIN, NJ 08830**

DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number
22-3256041

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

**COBER CORPORATE AGENTS, INC.
2601 SO. BAYSHORE DR., 19TH PL.
MIAMI, FL 33133**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000154529
05/04/04-80170-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WEXLER, D.M.
STREET ADDRESS	101 WOOD AVENUE
CITY - ST - ZIP	ISELIN, NJ 08830
TITLE	SD
NAME	HASSETT, MICHAEL J
STREET ADDRESS	101 WOOD AVENUE
CITY - ST - ZIP	ISELIN, NJ 08830
TITLE	T
NAME	MAC, MARK C.P
STREET ADDRESS	101 WOOD AVENUE
CITY - ST - ZIP	ISELIN, NJ 08830
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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

Date

Daytime Phone #

David M. Wexler 4-27-2004 732/205-6053