



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 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					
				 04282005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 22-3256041		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				DO NOT WRITE IN THIS SPACE U00000353770 05/03/05-80081-005 150.00	
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					
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: <u>David M. Wexler</u>				4/29/05 (732) 205-5000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	