

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001077

FILED
Jan 29, 2009
Secretary of State

Entity Name: MEDI-PHYSICS, INC.

Current Principal Place of Business:

101CARNEGIE CTR
PRINCETON, NJ 08540 US

New Principal Place of Business:

Current Mailing Address:

101CARNEGIE CTR
PRINCETON, NJ 08540 US

New Mailing Address:

FEI Number: 94-1718319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VTD () Delete
Name: PULITO, VITO
Address: 57 LAWRENCIA DRIVE
City-St-Zip: LAWRENCEVILLE, NJ 08648

Title: PD () Delete
Name: CHIMINSKI, JOHN R
Address: 352 PINEVILLE ROAD
City-St-Zip: NEWTOWN, PA 18940

Title: VD () Delete
Name: QUINN, DONALD J
Address: 290 DILWORTH LANE
City-St-Zip: LANGHORNE, PA 19047

Title: VS () Delete
Name: FREEDMAN, JEFFEREY J
Address: 1400 PLEASANT RUN CIRCLE
City-St-Zip: YARDLEY, PA 19067

Title: AS () Delete
Name: PERRO, CONCETTA M
Address: 310 WARREN STREET
City-St-Zip: SCOTCH PLAINS, NJ 07076

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VTD () Change (X) Addition
Name: MCELLIGOTT, ANN-MARIE
Address: 12 CORPORATE WOODS BLVD.
City-St-Zip: ALBANY, NY 12211

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VITO PULITO

VTD

01/29/2009

Electronic Signature of Signing Officer or Director

Date