SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002685 (4)

1. Corporation Name

MICROTECH LEASING CORPORATION OF NEW JERSEY

Principal Place of Business	Mailing Address
211 COLLEGE ROAD EAST PRINCETON NJ 08540	211 COLLEGE ROAD EAST PRINCETON NJ 08540

3. Date Incorporated or Qualified: 06/02/1995
3a. Date of Last Report:

2. Principal Place of Business — 21 / Suite, Apt #, etc 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt #, etc 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: 22-2802596 — ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	TECHMAN, MATRIN		1.2 NAME	TUCHMAN, MARTIN
STREET ADDRESS	633 PROSPECT AV.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	OLINGER, ALLEN M		2.2 NAME	
STREET ADDRESS	6546 FLEECYDALE RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	SOLEBURY PA		2.4 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SPRY, DEBORAH J		3.2 NAME	
STREET ADDRESS	6546 FLEECYDALE RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	SOLEBURY PA		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	WITTENEEN, RAOUL J		4.2 NAME	WITTEVEEN, RAOUL J.
STREET ADDRESS	368 DANIELS LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	SAGAPONACK NY		4.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FRANCIS, KATHLEEN C		5.2 NAME	
STREET ADDRESS	360 NASSAU STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SERENBETZ, WARREN L		6.2 NAME	
STREET ADDRESS	695 WEST STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISON NY		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Deborah J. Spry — D. SPRY — 609 987-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)