

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90010 018 ***158.75

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1. Entity Name
BEM SYSTEMS, INC.



Principal Place of Business
**100 PASSAIC AVENUE
CHATHAM, NJ 07928**

Mailing Address
**100 PASSAIC AVENUE
CHATHAM, NJ 07928**

40039933



03132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3057315

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STECKER, SHARON
100 PASSAIC AVE
CHATHAM, NJ 07928**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
NARDOLILLO, MARK
100 PASSAIC AVENUE
FLORHAM PARK, NJ 07932**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
FISHER, DOROTHY J
100 PASSAIC AVENUE
CHATHAM, NJ 07928**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
VIZZONE, DONALD A
100 PASSAIC AVENUE
CHATHAM, NJ 07928**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NARDOLILLO, MARK
100 PASSAIC AVE
CHATHAM, NJ 07928**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WAHTOLA, CHARLES
5609 SUGARLOAF STREET
ANACORTES, WA 98221**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *X* *And Vigne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/07

Date

908 598 2600

Daytime Phone #