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FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000000709 (2)

1. Corporation Name
XERPLACT CORP.

Principal Place of Business

303 E. BROAD ST.
PALMYRA NJ 08065

Mailing Address

303 E. BROAD ST.
PALMYRA NJ 08065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/10/1997

4. FEI Number
22-2701095

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CONNALLY, GERALD E
8931 CONFERENCE DR.
SUITE 6
FT MYERS FL 33919

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

TITLE PDC
NAME CONNALLY, GERALD E
STREET ADDRESS 1920 VIRGINIA AVE.
CITY-ST-ZIP FT MYERS FL 33907

TITLE VDC
NAME OVERHOLT, MILES III
STREET ADDRESS 400 HWY.
CITY-ST-ZIP RIVERTON NJ 08077

TITLE S
NAME HAYES, L M
STREET ADDRESS 1810 FRONT ST.
CITY-ST-ZIP SCOTCH PLAINS NJ 07076

TITLE Y
NAME MILLER, ALAN
STREET ADDRESS 1 ALDWYN CENTER
CITY-ST-ZIP VILLANOVA PA 19085-0209

TITLE D
NAME CROWLEY, KATHRYN
STREET ADDRESS 106 MONTICELLO DR.
CITY-ST-ZIP CINNAMINSON NJ 08077

TITLE D
NAME PRAGER, KENNETH P
STREET ADDRESS 498 MEETINGHOUSE LANE
CITY-ST-ZIP MEDIA PA 19063

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GERALD E CONNALLY 1/23/98

CP2E034 (10/97)