


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F97000004322</b>	
1. Entity Name MEGTEC SYSTEMS, INC.	

Principal Place of Business 830 PROSPER ROAD DEPERE, WI 54115-0030	Mailing Address % SEQUIA CORPORATION 3 UNIVERSITY PLAZA HACKENSACK, NJ 07601 US
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04072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 39-1900032	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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 QUICKE, JOHN J 200 PARK AVENUE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DOWLING III, JOHN J 120 SO CENTRAL AVENUE ST LOUIS, MO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DRUCKER, KENNETH A 200 PARK AVENUE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,T BLICKENGDERFER, MICHAEL 3 UNIVERSITY PLAZA HACKENSACK, NJ 07601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIERS, ALAN D 830 PROSPER ROAD DE PERE, WI 54115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRUCKER, KENNETH A 200 PARK AVENUE NEW YORK, NY 10166

000000118987  
04/19/04-80082-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Michael Blickengderfer 04/10/04 801-342-1182  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #