

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000004322

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



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
39-1900032

Applied For
Not Applicable

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

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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000222824
02/10/05-80019-012 150.00

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

**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)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VILE PRESIDENT, TAX 01/10/05 201-373-1122

Date

Daytime Phone #