

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004322

Entity Name: MEGTEC SYSTEMS, INC.

FILED  
Feb 06, 2007  
Secretary of State

## Current Principal Place of Business:

830 PROSPER ROAD  
DEPERE, WI 541150030

## New Principal Place of Business:

## Current Mailing Address:

% SEQUIA CORPORATION  
3 UNIVERSITY PLAZA  
HACKENSACK, NJ 07601 US

## New Mailing Address:

FEI Number: 39-1900032

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WEINSTEIN, MARTIN  
Address: 200 PARK AVENUE  
City-St-Zip: NEW YORK, NY

Title: VS ( ) Delete  
Name: DOWLING III, JOHN J  
Address: 200 PARK AVENUE  
City-St-Zip: NEW YORK, NY

Title: VT ( ) Delete  
Name: DRUCKER, KENNETH A  
Address: 200 PARK AVENUE  
City-St-Zip: NEW YORK, NY

Title: VP,T ( ) Delete  
Name: BLICKENGDERFER, MICHAEL  
Address: 3 UNIVERSITY PLAZA  
City-St-Zip: HACKENSACK, NJ 07601

Title: P ( ) Delete  
Name: UBEROI, MOHIT  
Address: 830 PROSPER ROAD  
City-St-Zip: DE PERE, WI 54115

Title: D ( ) Delete  
Name: UBEROI, MOHIT  
Address: 830 PROSPER ROAD  
City-St-Zip: DEPERE, WI 54115

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SVP (X) Change ( ) Addition  
Name: DOWLING III, JOHN J  
Address: 200 PARK AVENUE  
City-St-Zip: NEW YORK, NY

Title: VT (X) Change ( ) Addition  
Name: LONGELOTTI, JAMES P  
Address: 200 PARK AVENUE  
City-St-Zip: NEW YORK, NY

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BLICKENSERFER

VP,T

02/06/2007

Electronic Signature of Signing Officer or Director

Date