2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004322

Entity Name: MEGTEC SYSTEMS, INC.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
830 PROSPER ROAD DEPERE, WI 541150030							
Current Mailing Address:				New Mailing Address:			
% SEQUIA CORPORATION 3 UNIVERSITY PLAZA HACKENSACK, NJ 07601 US				830 PROSPER ROAD DEPERE, WI 541150030			
FEI Number:	: 39-1900032 FEI Number Applied For () FEI Num		FEI Numi	nber Not Applicable () Certificate of Status D		esired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US							
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 S	ignature of Registered Agent	İ			Date	
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D (X) Dele WEINSTEIN, MARTI 200 PARK AVENUE NEW YORK, NY		1	Title: Name: Address: City-St-Zip:	()(Change ()Addition	
Title: Name: Address: City-St-Zip:	D&P () Dele UBEROI, MOHIT 830 PROSPER ROA DE PERE, WI 5411	ND.	1	Title: Name: Address: City-St-Zip:	()(Change ()Addition	
Title: Name: Address: City-St-Zip:	VPF () Dele LINN, GREGG R 830 PROSPER ROA DE PERE, WI 5411	ND	1	Title: Name: Address: City-St-Zip:	D&S (X) (LINN, GREG 830 PROSPER F DE PERE, WI 54		
Title: Name: Address: City-St-Zip:	VP&S (X) Dele DOWLING III, JOHN 200 PARK AVENUE NEW YORK, NY 10	J	1	Title: Name: Address: City-St-Zip:	() (Change () Addition	
Title: Name: Address: City-St-Zip:	VPT (X) Dele BLICKENSDERFER THREE UNIVERSITY HACKENSACK, NJ	, MICHAEL / PLAZA	1	Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	VP (X) Dele LOWSON, STEVEN 200 PARK AVENUE NEW YORK, NY 10	R	1	Title: Name: Address: City-St-Zip:	()(Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: GREG LINN D&S 04/21/2009