

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90240 045 ***550.00

0131960 AT

DOCUMENT # F97000004809

1. Entity Name

EDWARDS AND KELCEY TECHNOLOGY, INC.

Principal Place of Business

299 MADISON AVENUE

P.O. BOX 1936

MORRISTOWN NJ 07962

US

Mailing Address

299 MADISON AVENUE

P.O. BOX 1936

MORRISTOWN NJ 07962

US

00060056



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

22-3514442

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **C**
 STREET ADDRESS **MCMAHON, KEVIN J**
 CITY-ST-ZIP **299 MADISON AVENUE MORRISTOWN NJ 07962**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **REFINSKI, ELIZABETH A**
 CITY-ST-ZIP **299 MADISON AVENUE MORRISTOWN NJ 07962**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **BARRY, THOMAS**
 CITY-ST-ZIP **299 MADISON AVENUE MORRISTOWN NJ 07962**

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **GARRITY, KENNETH J**
 CITY-ST-ZIP **299 MADISON AVENUE MORRISTOWN NJ 07962**

TITLE ☐ Delete
 NAME **VICE PRESIDENT**
 STREET ADDRESS **MARK J. PILLI**
 CITY-ST-ZIP **529 MAIN ST BOSTON, MA 02129**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/01 (973) 267-0555

Date

Daytime Phone #

CR2E034 (5/01)