

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

02-11-2002 90111 039 ***150.00

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**

21882



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3514442

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 must be a resident of Florida.)

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 **C** ☐ Delete
NAME **MCMAHON, KEVIN J**
STREET ADDRESS **299 MADISON AVENUE**
CITY-ST-ZIP **MORRISTOWN NJ 07962**

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

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

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

TITLE **VP** ☐ Delete
NAME **PILLA, MARK J**
STREET ADDRESS **529 MAIN STREET**
CITY-ST-ZIP **BOSTON MA 02129**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **RICHARD M. TANGEL**
STREET ADDRESS **299 MADISON AVE**
CITY-ST-ZIP **MORRISTOWN, NJ 07962**
VICE PRESIDENT

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

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

TITLE ☒ Change ☐ Addition
NAME **KENNETH J GARRITY**
STREET ADDRESS **VICE PRESIDENT**
CITY-ST-ZIP **529 MAIN ST BOSTON, MA 02129**

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)