2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000004809

1. Entity Name
EDWARDS AND KELCEY TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
299 MADISON AVENUE P.O. BOX 1936 MORRISTOWN, NJ 07962 US	299 MADISON AVENUE P.O. BOX 1936 MORRISTOWN, NJ 07962 US

01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	MCMAHON, KEVIN J
STREET ADDRESS	299 MADISON AVENUE
CITY-ST-ZIP	MORRISTOWN, NJ 07962
TITLE	S
NAME	REFINSKI, ELIZABETH A
STREET ADDRESS	299 MADISON AVENUE
CITY-ST-ZIP	MORRISTOWN, NJ 07962
TITLE	T
NAME	BARRY, THOMAS
STREET ADDRESS	299 MADISON AVENUE
CITY-ST-ZIP	MORRISTOWN, NJ 07962
TITLE	V
NAME	GARRITY, KENNETH J
STREET ADDRESS	529 MAIN ST
CITY-ST-ZIP	BOSTON, MA 02129
TITLE	VP
NAME	PILLA, MARK J
STREET ADDRESS	529 MAIN STREET
CITY-ST-ZIP	BOSTON, MA 02129
TITLE	V
NAME	TANSEL, RICHARD M
STREET ADDRESS	299 MADISON AVE
CITY-ST-ZIP	MORRISTOWN, NJ 07962

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01/21/05-80012-010 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ AVP 1/19/05 (973) 267-0557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #