FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Feb 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 F97000005116 (5) **DOCUMENT** # SOLION CORP. Mailing Address Principal Place of Business 1200 THE AMERICAN ROAD 1200 THE AMERICAN ROAD MORRIS PLAINS NJ 07950 MORRIS PLAINS NJ 07950 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/30/1997 2. Principal Place of Business 2a. Mailing Address Applied For 22-3539072 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 30 25 | 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Ringistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS PD DELETE 1.1 TITLE Change Addition TITLE GREEN. HENRY 1.2 NAME NAME 1200 THE AMERICAN ROAD 1.3 STREET ADDRESS STREET ADDRESS MORRIS PLAINS NJ 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition THILE 21 TITLE PRESIDENT NAME MORTELL, JOHN F 2.2 NAME STREET ADDRESS 1200 THE AMERICAN ROAD 2.3 STREET ADDRESS MORRIS PLAINS NJ 2. 4 CITY-ST-ZIP CITY-ST-ZIP

1200 THE AMERICAN ROAD 3.3 STREET ADDRESS STREET ADDRESS MORRIS PLAINS NJ CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELFTE Change Addition 61 TITLE TITLE 62 NAME NAME

3.1 TITLE

3.2 NAME

CFO

DELETE

4. Thereby 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 annual report or supplemental annual 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

WRABACK, THOMAS F

19/98

973)490-3172

Change

Addition