

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90007 032 ***150.00

DOCUMENT # F97000005116

1. Corporation Name
SOLION CORP.

Principal Place of Business
1200 THE AMERICAN ROAD
MORRIS PLAINS NJ 07950

Mailing Address
1200 THE AMERICAN ROAD
MORRIS PLAINS NJ 07950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/30/1997

4. FEI Number
22-3539072

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

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

83

84 City

FL

85 Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME ~~MORTELL, JOHN F~~
STREET ADDRESS ~~1200 THE AMERICAN ROAD~~
CITY-ST-ZIP ~~MORRIS PLAINS NJ~~

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Gordon Romer
1.3 STREET ADDRESS 1200 The American Road
1.4 CITY-ST-ZIP Morris Plains, NJ 07950

TITLE ☒ DELETE
NAME ~~WRABACK, THOMAS F~~
STREET ADDRESS ~~1200 THE AMERICAN ROAD~~
CITY-ST-ZIP ~~MORRIS PLAINS NJ~~

2.1 TITLE V.P./Secretary ☐ Change ☒ Addition
2.2 NAME Paul M. Antinori
2.3 STREET ADDRESS 1200 The American Road
2.4 CITY-ST-ZIP Morris Plains, NJ 07950

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Asst. Secretary ☐ Change ☒ Addition
3.2 NAME Kenneth Ernsting
3.3 STREET ADDRESS 1200 The American Road
3.4 CITY-ST-ZIP Morris Plains, NJ 07950

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 trustee 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE Paul M. Antinori
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99

973-490-3112

Date

Daytime Phone #

CR2E034 (11/98)