


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

FILED  
Aug 31, 1999 8:00 am  
Secretary of State

08-31-1999 90005 024 \*\*\*550.00

0544610

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F98000003341

1. Corporation Name  
SEMCOR, INC.



Principal Place of Business 815 EASTGATE DRIVE MT. LAUREL NJ 08054	Mailing Address 815 EASTGATE DRIVE MT. LAUREL NJ 08054
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/12/1998	
21		26		4. FEI Number 22-1834269	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIDAS, VINCENT G	1.2 NAME	
STREET ADDRESS	815 EASTGATE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MT. LAUREL NJ 08054	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V, T, S, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEGNAN, JOHN S	2.2 NAME	DEV GANESAN
STREET ADDRESS	815 EASTGATE DRIVE	2.3 STREET ADDRESS	815 EAST GATE DRIVE
CITY-ST-ZIP	MT. LAUREL NJ 08054	2.4 CITY-ST-ZIP	MOUNT LAUREL NJ 08054
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	C, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	GEORGE A. ROBINSON
STREET ADDRESS		3.3 STREET ADDRESS	815 EAST GATE DRIVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MOUNT LAUREL NJ 08054
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	CHARLES G. MARTINACHE
STREET ADDRESS		4.3 STREET ADDRESS	815 EAST GATE DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MOUNT LAUREL NJ 08054
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	THOMAS A. COSTELLO
STREET ADDRESS		5.3 STREET ADDRESS	815 EAST GATE DRIVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MOUNT LAUREL NJ 08054
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*Vincent G. Vidas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/99  
Date

856-234-6700  
Daytime Phone #

CR2E034 (1/98)