

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
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90065 037 ***150.00

DOCUMENT # F98000003418

1. Corporation Name
CERTEX, INC.

Principal Place of Business
280 NEW COMMERCE BOULEVARD
WILKES-BARRE PA 18706

Mailing Address
280 NEW COMMERCE BOULEVARD
WILKES-BARRE PA 18706



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/16/1998

4. FEI Number

22-1671279

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

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

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 VSTD ☐ DELETE
NAME GOLLA, WILLIAM J
STREET ADDRESS 280 NEW COMMERCE BOULEVARD
CITY-ST-ZIP WILKES-BARRE PA 18706

1.1 TITLE Vice President - Finance ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE AS ☒ DELETE
NAME HERRON, TERRENCE J
STREET ADDRESS 280 NEW COMMERCE BOULEVARD
CITY-ST-ZIP WILKES-BARRE PA 18706

2.1 TITLE Assistant Secretary ☐ Change ☒ Addition
2.2 NAME M. J. A. Porter
2.3 STREET ADDRESS West House, King Cross Road
2.4 CITY-ST-ZIP High Wycombe, Bucks HP11 1EB England

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE President/Director ☐ Change ☒ Addition
3.2 NAME Robert Cook
3.3 STREET ADDRESS 7610 Falls of Newe Rd Suite 200
3.4 CITY-ST-ZIP Raleigh, NC 27615

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Secretary ☐ Change ☒ Addition
4.2 NAME Robert M. Miller
4.3 STREET ADDRESS 401 Port Road
4.4 CITY-ST-ZIP Fairfield, CT 06430

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Treasurer ☐ Change ☒ Addition
5.2 NAME Diana M. Murphy
5.3 STREET ADDRESS 401 Port Road
5.4 CITY-ST-ZIP Fairfield, CT 06430

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Chairman ☐ Change ☒ Addition
6.2 NAME R. G. Beesten
6.3 STREET ADDRESS W. House, King Cross Road
6.4 CITY-ST-ZIP High Wycombe, Bucks HP11 1EB England

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:

Diana M. Murphy / REQUIRED
Signature and Typed or Printed Name of Signing Officer or Director

Date

3/19/99

Daytime Phone #

(202) 255-7100

CR2E034 (11/98)