


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F98000006461	
1. Entity Name AGFA CORPORATION	

Principal Place of Business 100 CHALLENGER RD. RIDGEFIELD PARK, NJ 07660	Mailing Address 100 CHALLENGER RD. RIDGEFIELD PARK, NJ 07660
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DO NOT WRITE IN THIS SPACE

02202008 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3615964	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000842412 03/11/08-80029-012 150.00
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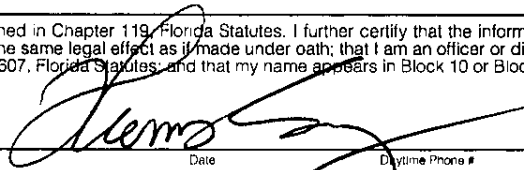
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SAGGIOMO, THOMAS 100 CHALLENGER RD. RIDGEFIELD PARK, NJ 07660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SANTOMASSIMO, CHRISTOPHER 100 CHALLENGER ROAD RIDGEFIELD PARK, NJ 07660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MERTENS, GUNTHER 100 CHALLENGER ROAD RIDGEFIELD PARK, NJ 07660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SAGGIOMO, THOMAS 100 CHALLENGER ROAD RIDGEFIELD PARK, NJ 07660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Thomas Saggiomo President & CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 Date _____ Daytime Phone # _____