

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90011 016 ***550.00

0123128

DOCUMENT # F98000006758

1. Corporation Name

MONTBLANC, INC. (NJ)

Principal Place of Business

**75 NORTH ST.
BLOOMSBURY NJ 08804**

Mailing Address

**75 NORTH ST.
BLOOMSBURY NJ 08804**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1998

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

25
Country

2a. Mailing Address

26 **P.O. Box 518**
Suite, Apt. #, etc.

27
City & State

28
Zip

29
Country

30
Country

4. FEI Number

22-3389460

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**MARTIN, AVERY
104 SUNFISH
JUPITER FL 33477**

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

TITLE **P** ☒ DELETE
NAME **PEFFSIN, FRED**
STREET ADDRESS **26 MAIN ST**
CITY-ST-ZIP **CHATHAM NJ**

TITLE **ST** ☒ DELETE
NAME **TYPE, GREGORY**
STREET ADDRESS **26 MAIN ST**
CITY-ST-ZIP **CHATHAM NJ**

TITLE **CD** ☐ DELETE
NAME **PLATT, NORBERT**
STREET ADDRESS **26 MAIN ST**
CITY-ST-ZIP **CHATHAM NJ**

TITLE **VD** ☐ DELETE
NAME **WALSH, EDWARD**
STREET ADDRESS **26 MAIN ST**
CITY-ST-ZIP **CHATHAM NJ**

TITLE **D** ☐ DELETE
NAME **HARTUNIAN, N**
STREET ADDRESS **26 MAIN ST**
CITY-ST-ZIP **CHATHAM NJ**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **Karsten Martens**
1.3 STREET ADDRESS **26 Main Street**
1.4 CITY-ST-ZIP **Chatham, NJ 07928**

2.1 TITLE **ST** ☐ Change ☒ Addition
2.2 NAME **Desmond Coughlan**
2.3 STREET ADDRESS **26 Main Street**
2.4 CITY-ST-ZIP **Chatham NJ 07928**

3.1 TITLE **Asst T** ☐ Change ☒ Addition
3.2 NAME **Bill Franko**
3.3 STREET ADDRESS **75 North Street, P.O. Box 518**
3.4 CITY-ST-ZIP **Bloombsury, NJ 08804**

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

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

6.1 TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

WILLIAM REQUIRED

8-26-99

908-479-2505

CR2E034 (5/99)