
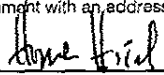


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

| | | |
|---|---|--|
| DOCUMENT # F99000000705 | |  |
| 1. Entity Name AMTOPP CORPORATION | | |
| Principal Place of Business 9 PEACH TREE HILL ROAD LIVINGSTON, NJ 07039 | Mailing Address 9 PEACH TREE HILL ROAD LIVINGSTON, NJ 07039 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ <small>Signature, typed or printed name of registered agent and file if applicable.</small> | | DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P HSIEH, HOMER 9 PEACH TREE HILL ROAD LIVINGSTON, NJ | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V CHANG, Y L 9 PEACH TREE HILL ROAD LIVINGSTON, NJ | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S NIGHTINGALE, ALICE 9 PEACH TREE HILL ROAD LIVINGSTON, NJ | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T LIAO, T Y 9 PEACH TREE HILL ROAD LIVINGSTON, NJ 07039 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D WANG, SUSAN 9 PEACH TREE HILL ROAD LIVINGSTON, NJ | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D YOUNG, JOHN 9 PEACH TREE HILL ROAD LIVINGSTON, NJ | |
| 12. 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 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:  Homer Hsieh/President | | 4/26/04 973-992-8000 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> |



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number
22-3103903

| |
|----------------|
| Applied For |
| Not Applicable |

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

000000154452
05/04/04-80167-022 150.00

**DO NOT WRITE
IN THIS SPACE**