

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 28, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000001140

1. Entity Name
SOMFY SYSTEMS, INC.



Principal Place of Business
47 COMMERCE DR.
CRANBURY, NJ 08512

Mailing Address
47 COMMERCE DR.
CRANBURY, NJ 08512



07062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-2182262
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS
515 E. PARK AVE.
TALLAHASSEE, FL 32301

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	LENAOUR, WILFRED
STREET ADDRESS	50 AVENUE DE NOUVEAU MONDE, 74300 CLUSES
CITY-ST-ZIP	FRANCE.
TITLE	DP
NAME	LEE, MICHAEL
STREET ADDRESS	33 RED COACH LN.
CITY-ST-ZIP	HOLMDEL, NJ 07733
TITLE	VST
NAME	IONIN, SCOTT
STREET ADDRESS	24 MARIGOLD LN.
CITY-ST-ZIP	MARLBORO, NJ 07746
TITLE	D
NAME	FOUREL, JEAN-NOEL
STREET ADDRESS	50 AVENUE DE NOUVEAU MONDE
CITY-ST-ZIP	FRANCE.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000575437
08/29/06-80002-002 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/06
Date

609 395-1300
Daytime Phone #