

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # F99Q00001389

1. Entity Name
BUSINESSEGE SOLUTIONS INC.



Principal Place of Business

ONE TOWER CTR BLVD
EAST BRUNSWICK, NJ 08816

Mailing Address

ONE TOWER CTR BLVD
EAST BRUNSWICK, NJ 08816



04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3631481

Applied For
Not Applicable

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

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

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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
CASAGRANDE, FRANCIS J
ONE TOWER CENTER BLVD
EAST BRUNSWICK, NJ 08816

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
ARTURI, EMANUEL
ONE TOWER CENTER BLVD
EAST BRUNSWICK, NJ 08816

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
JAIN, SHAILENDRA
ONE TOWER CENTER BLVD
EAST BRUNSWICK, NJ 08816

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GIBSON, PETER
ONE TOWER CENTER BLVD
EAST BRUNSWICK, NJ 08816

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCFO
MCKEEVER, PETER
ONE TOWER CENTER BLVD
EAST BRUNSWICK, NJ 08816

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSAT
GRUBER, SCOTT
ONE TOWER CENTER BLVD
EAST BRUNSWICK, NJ 08816

U00000332912
04/26/05-80076-021 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

PETER MCKEEVER

4-18-05

Date

732 839-3262

Daytime Phone #