

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90129 026 ***150.00

DOCUMENT # F99000001734

1. Entity Name
INTEGRATED BAGGING SYSTEMS CORPORATION

Principal Place of Business

9 PEACH TREE HILL ROAD
LIVINGSTON NJ 07039

Mailing Address

9 PEACH TREE HILL ROAD
LIVINGSTON NJ 07039

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

22-3103896

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CHEN, JOE	
STREET ADDRESS	9 PEACH TREE HILL ROAD	
CITY-ST-ZIP	LIVINGSTON NJ 07039	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHANG, Y L	
STREET ADDRESS	9 PEACH TREE HILL ROAD	
CITY-ST-ZIP	LIVINGSTON NJ 07039	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SHEN, VICTOR	
STREET ADDRESS	9 PEACH TREE HILL ROAD	
CITY-ST-ZIP	LIVINGSTON NJ 07039	
TITLE	S	<input type="checkbox"/> Delete
NAME	NIGHTINGALE, ALICE	
STREET ADDRESS	9 PEACH TREE HILL ROAD	
CITY-ST-ZIP	LIVINGSTON NJ 07039	
TITLE	T	<input type="checkbox"/> Delete
NAME	LIAO, T Y	
STREET ADDRESS	9 PEACH TREE HILL ROAD	
CITY-ST-ZIP	LIVINGSTON NJ 07039	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WANG, Y C	
STREET ADDRESS	9 PEACH TREE HILL RD	
CITY-ST-ZIP	LIVINGSTON NJ 07039	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, JOHN DING-E	
STREET ADDRESS	9 PEACH TREE HILL RD	
CITY-ST-ZIP	LIVINGSTON NJ 07039	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WANG, SUSAN	
STREET ADDRESS	9 PEACH TREE HILL RD	
CITY-ST-ZIP	LIVINGSTON NJ 07039	
TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TSENG, BEN	
STREET ADDRESS	9 PEACH TREE HILL RD	
CITY-ST-ZIP	LIVINGSTON NJ 07039	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alice Nightingale
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/02

CR2E034 (9/01)