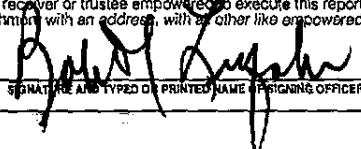


FILED

May 02, 2005 08:00 AM
Secretary of State**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F99000001756		
1. Entity Name JA-BAR SILICONE CORPORATION		
Principal Place of Business BRIGHTON AVENUE ANDOVER, NJ 07821	Mailing Address BRIGHTON AVENUE ANDOVER, NJ 07821	
DO NOT WRITE IN THIS SPACE		
		04272005 No Chg-P CR2E034 (10/03)
4. FEI Number 22-1765563		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fees Required		
6. Name and Address of Current Registered Agent JACOBS, GILBERT SEAWINDS 16A, 5070 N. OCEAN DRIVE SINGER ISLAND, FL 33404		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		U00000354134 05/03/05-80095-017 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD JACOBS, GILBERT SEAWINDS 16A, 5070 N. OCEAN DRIVE SINGER ISLAND, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, MYRTLE SEAWINDS 16A, 5070 N. OCEAN DRIVE SINGER ISLAND, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LISOFSKI, ROBERT 680 SO. BEVERWYCK ROAD PARSIPPANY, NJ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 or other like empowered.		
SIGNATURE:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Robert J. Lisofski Executive VP
		Date April 28, 2005 973-786-5000