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	Mailing Address
BRIGHTON AVENUE ANDOVER, NJ 07821	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 Fee 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PCD
NAME	JACOBS, GILBERT
STREET ADDRESS	SEAWINDS 16A, 5070 N. OCEAN DRIVE
CITY-ST-ZIP	SINGER ISLAND, FL
TITLE	D
NAME	JACOBS, MYRTLE
STREET ADDRESS	SEAWINDS 16A, 5070 N. OCEAN DRIVE
CITY-ST-ZIP	SINGER ISLAND, FL
TITLE	V
NAME	LISOFSKI, ROBERT
STREET ADDRESS	680 SO. BEVERWYCK ROAD
CITY-ST-ZIP	PARSIPPANY, NJ
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000354134
05/03/05-80095-017 150.00

DO NOT WRITE 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)(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: _____ Robert J. Lisofski April 28,2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
Executive VP 973-786-5000
Title or Status