2007 FOR PROFIT CORPORATION ANNUAL REPORT. (AF.)

Secretary of State DOCUMENT # F99000001756 03-07-2007 90015 039 ***150.00 1. Entity Name JA-BAR SILICONE CORPORATION Principal Place of Business Mailing Address BRIGHTON AVENUE ANDOVER NJ 07821 BRIGHTON AVENUE ANDOVER NJ 07821 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 22-1765563 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACOBS, GILBERT SEAWINDS 16A, 5070 N. OCEAN DRIVE SINGER ISLAND FL 33404 Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent. fillital acols FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. IIILE Delete UILE ☐ Change ☐ Addition JACOBS, GILBERT R MAME NALE SEAWINDS 16A, 5070 N. OCEAN DRIVE STREET ADORESS STREET ADDRESS SINGER ISLAND FL CITY-ST-ZIP CITY-SI-ZIP HILLE ☐ Delete HILL ■ Addition JACOBS, MYRTLE SEAWINDS 16A, 5070 N. OCEAN DRIVE STREET ADDRESS STREET ADDRESS SINGER ISLAND FL CITY-ST-7IP CITY+S1-70P ☐ Celete TIFLE Addition Change LISOFSKI, ROBERT NAME NAM! 680 SO. BEVERWYCK ROAD SIRE I ADDRESS SIRFEI ADDRESS CITY-ST-ZIP PARSIPPANY NJ CHY-SI-7P 111LE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Delete 1)16 F Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP IIILE ☐ Delete [] Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-S1-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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:

FILED

Mar 27, 2007 8:00 am