

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

0574831 AT

**DOCUMENT # F99000002187**

1. Entity Name  
**VOLTAIX, INC.**

03-12-2002 90264 026 \*\*\*150.00

Principal Place of Business  
**197 MEISTER AVENUE**  
**NORTH BRANCH NJ 08876**

Mailing Address  
**197 MEISTER AVENUE**  
**NORTH BRANCH NJ 08876**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**22-2711203**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANG, JAMES F**  
**211 N.E. FIRST STREET**  
**GAINESVILLE FL 32601-5367**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PCD**  
**NEUFVILLE, JOHN P**  
**197 MEISTER AVENUE**  
**NORTH BRANCH NJ** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MANAGING DIRECTOR** ☐ Change ☒ Addition  
**PETER DEENEVILLE**  
**134 ARBOR WAY**  
**NORTH BRANCH NJ 08876**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VP** ☒ Delete  
**DUKHEDIN-LALLA, LEISL**  
**38 ELM STREET APT 7**  
**MORRISTOWN NJ 07960**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VICE PRESIDENT** ☐ Change ☒ Addition  
**TOM SMITH**  
**100 JUDI LANE**  
**MEYERSVILLE NJ 07933**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T** ☐ Delete  
**HERSON, JONATHAN**  
**268 ROCKY RUN**  
**GLEN GARDNER NJ**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V** ☐ Delete  
**PIKULIN, MIKE**  
**559 WINSOR ST**  
**BOUND BROOK NJ 08805**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V** ☐ Delete  
**PLETZKE, TOM**  
**14 DOUGLAS DR**  
**TOWACO NJ 07082**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Jonathan Herson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JONATHAN HERSON**

Date

**2/25/02 708-231-9060 X14**

Daytime Phone #

CR2E034 (9/01)