


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90011 001 ***550.00

DOCUMENT # F99000002187 1. Entity Name VOLTAIX, INC.					
Principal Place of Business 197 MEISTER AVENUE NORTH BRANCH, NJ 08876			Mailing Address 197 MEISTER AVENUE NORTH BRANCH, NJ 08876		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
City & State		City & State		4. FEI Number 22-2711203	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LANG, JAMES F 211 N.E. FIRST STREET GAINESVILLE, FL 32601-5367			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD DENEUFVILLE, PETER 134 ARBOR WAY NORTH BRANCH, NJ 08876		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONTROLLER ANNMARIE HANSEN 27 HARTLEY PLACE BAYONNE NJ 07002	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RUDDY, E.J. 52 CEMETERY HILL RD. WASHINGTON, NJ 07882		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF OPERATING OFFICER MATHEW STEPHENS 54 DOGWOOD ROAD MORRISTOWN NJ 07960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PIKULIN, MIKE 559 WINSOR ST BOUND BROOK, NJ 08805		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>ANNMARIE HANSEN</u> ANNMARIE HANSEN <u>8/20/04</u> <u>9082319060</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					