

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 AUG 10 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07282004 Chg-P CR2E034 (10/03)

4. FEI Number
22-1899798

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
DIECKMANN, KARL W
300 ATRIUM DRIVE
SOMERSET, NJ 08873

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CC
ROMANO, GERARD
300 ATRIUM DRIVE
SOMERSET, NJ 08873

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CEO
SMITH, T. KENT
300 ATRIUM DRIVE
SOMERSET, NJ 08873

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
SMITH, T. KENT
300 ATRIUM DRIVE
SOMERSET, NJ 08873

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VS
KENEALY, EDMUND C
800 W. CUMMINGS PK, STE 1500
WOBBURN, MA 01801

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CONTROLLER
Cheryl Presuto
300 Atrium Drive
SomerSet NJ 08873

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vice President Finance & CFO
Rick Filippelli
300 Atrium Drive
SomerSet NJ 08873

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Edmund C. Kenealy, Vice President & Secretary

8/4/05

781-937-3311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #