

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005147

FILED  
Apr 20, 2004  
Secretary of State

Entity Name: M.E.C. THERMAL SPRAY, INC.

## Current Principal Place of Business:

4201 ST LUCIE BLVD  
FORT PIERCE, FL 34946

## New Principal Place of Business:

## Current Mailing Address:

2200 INDUSTRIAL WAY SOUTH  
TOMS RIVER, NJ 08755

## New Mailing Address:

FEI Number: 22-3499662

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KULKASKI, STANLEY  
4201 B ST. LUCIE BLVD.  
FORT PIERCE, FL 34946 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PC ( ) Delete  
Name: KULKASKI, RICHARD  
Address: 1210 GANNET COURT  
City-St-Zip: FORKED RIVER, NJ 08731

Title: VCVT (X) Delete  
Name: SZAPUCKI, MATTHEW  
Address: 1282 WEST TODD ROAD  
City-St-Zip: TOMS RIVER, NJ 08755

Title: S ( ) Delete  
Name: PAVAO, LYNDIA  
Address: 210 ELIZABETH AVE  
City-St-Zip: TOMS RIVER, NJ 08753

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: PAVAO, LYNDIA  
Address: 2200 INDUSTRIAL WAY SOUTH  
City-St-Zip: TOMS RIVER, NJ 08755

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNDIA PAVAO

S

04/20/2004

Electronic Signature of Signing Officer or Director

Date