

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000003288

Entity Name: VOLTAIX, LLC

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

197 MEISTER AVENUE  
NORTH BRANCH, NJ 08876

**New Principal Place of Business:**

**Current Mailing Address:**

197 MEISTER AVENUE  
NORTH BRANCH, NJ 08876

**New Mailing Address:**

3121 ROUTE 22  
SUITE 200  
BRANCBURG, NJ 08876

FEI Number: 20-4904496

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CARVER, PAUL  
620 NW 4TH AVENUE  
HIGH SPRINGS, FL 32643 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DE NEUFVILLE, PETER  
Address: 197 MEISTER AVENUE  
City-St-Zip: NORTH BRANCH, NJ 08876

Title: MGRM  
Name: DE NEUFVILLE, JOHN  
Address: 197 MEISTER AVENUE  
City-St-Zip: NORTH BRANCH, NJ 08876

Title: MGRM  
Name: PIKULIN, MICHAEL  
Address: 197 MEISTER AVENUE  
City-St-Zip: NORTH BRANCH, NJ 08876

Title: MGRM  
Name: WILKINSON, MARK  
Address: 197 MEISTER AVENUE  
City-St-Zip: NORTH BRANCH, NJ 08876

Title: MGRM  
Name: HANSEN, ANN MARIE  
Address: 197 MEISTER AVENUE  
City-St-Zip: NORTH BRANCH, NJ 08876

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANN MARIE HANSEN

VP

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date