File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** ANNUAL REPORT Secretary of State 1999 -DIVISION OF CORPORATIONS 99 MAR 11 AM 10: 57 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000000178** 1a. Principal Place of Business Address MERIAL LLC 2100 RONSON ROAD 2100 RONSON ROAD ISELIN NJ 08830 ISELIN NJ 08830 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 02/25/1998 DE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 52-2048950 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country Zφ \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Suite Apl #, etc Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608 508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE DATE (Registered Agent Accepting Appointment): (NOTE: Heal stored Agent signature required when remoting) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR NALLE, HORACE D 2100 RONSON ROAD ISELIN NJ 000002806370--9 -03/15/99--01131--016 ****188.75 ****188.75

SIGNATURE: /// SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MALA, IF 6

11. Ido 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 annual report is true and accurate and that my 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, and that my name appears in Block 10, or on an

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