

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90059 045 \*\*\*150.00

**DOCUMENT # P09820**

1. Entity Name

MEPCO/CENTRALAB, INC.



Principal Place of Business

C/O PHILIPS ELECTRONIS  
1251 AVENUE OF THE AMERICAS, 20TH FLO  
NEW YORK NY 10020

Mailing Address

C/O PHILIPS ELECTRONIS  
1251 AVENUE OF THE AMERICAS, 20TH FLO  
NEW YORK NY 10020

2. Principal Place of Business - No P.O. Box #

1251 Avenue of the Americas

Suite, Apt. #, etc.

20th

3. Mailing Address

1251 Avenue of the Americas

Suite, Apt. #, etc.

20th

City & State

New York NY

Zip

10020

Country

USA

City & State

NY NY

Zip

10020

Country

USA

4. FEI Number 13-3267241

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/06)



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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 \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GROENHUYSEN, WILHELMUS C M  
STREET ADDRESS 1251 AVE OF THE AMERICAS  
CITY- ST- ZIP NEW YORK NY 10020 ☐ Delete

TITLE VP  
NAME SMITH, ROBERT N  
STREET ADDRESS 1251 AVE OF THE AMERICAS  
CITY- ST- ZIP NEW YORK NY 10020 ☐ Delete

TITLE S  
NAME OATES, WARREN T JR  
STREET ADDRESS 1251 AVE OF THE AMERICAS  
CITY- ST- ZIP NEW YORK NY 10020 ☐ Delete

TITLE D  
NAME INNAMORATI, JOSEPH E  
STREET ADDRESS 1251 AVE OF THE AMERICAS  
CITY- ST- ZIP NEW YORK NY 10020 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

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NAME  
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 an other like empowered.

**SIGNATURE:**

Robert N. Smith

12/7/06

212-536-0784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #