FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 20 AM 10: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P16062** **(2)**

1. Corporation Name
COMMERCIAL TESTING & ENGINEERING CO.

Principal Place of Business	Mailing Address
P O BOX 6397 PARSIPPANY NJ 07054	P O BOX 6397 PARSIPPANY NJ 07054

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/23/1987
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business 21	2a. Mailing Address 26 42 Broadway	4. FEI Number: 36-0937920	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 20th fl - Tax	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 New York, NY	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 10004 / Country 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	CD	☑ Change ☐ Addition
NAME	MORLOCK, RONALD J.	1.2 NAME	Czura, Antony	
STREET ADDRESS	933 BAILEY ROAD	1.3 STREET ADDRESS	175 Comanchee Dr.	
CITY-ST-ZIP	NAPERVILLE IL	1.4 CITY-ST-ZIP	Ocean Port, NJ	
TITLE	AT	2.1 TITLE		☑ Change ☐ Addition
NAME	ENDER, PETER	2.2 NAME		
STREET ADDRESS	9 CAMPUS DR	2.3 STREET ADDRESS	42 Broadway	
CITY-ST-ZIP	PARSIPPANY NJ	2.4 CITY-ST-ZIP	New York, ny 10004	
TITLE	ST	3.1 TITLE		☐ Change ☐ Addition
NAME	YAUCH, EDWARD J.	3.2 NAME		
STREET ADDRESS	135 LANCE DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	DES PLAINES IL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE	VP	☑ Change ☐ Addition
NAME	WHITE, JACK	4.2 NAME	Terry Hale	
STREET ADDRESS	54 DOGWOOD STREET	4.3 STREET ADDRESS	1919 s. Highland Ave	
CITY-ST-ZIP	ALBANS WV	4.4 CITY-ST-ZIP	Lombard, IL 60148	
TITLE	D	5.1 TITLE		☑ Change ☐ Addition
NAME	ROSEN, JEFFERY	5.2 NAME		
STREET ADDRESS	9 CAMPUS DR	5.3 STREET ADDRESS	42 Broadway	
CITY-ST-ZIP	PARSIPPANY NJ	5.4 CITY-ST-ZIP	New York ny	
TITLE	PD	6.1 TITLE	Ex VP, Dir.	☑ Change ☐ Addition
NAME	MICHAEL HILDON	6.2 NAME	Michael Hildon	
STREET ADDRESS	1020 N MAIN	6.3 STREET ADDRESS	1020 n. main	
CITY-ST-ZIP	WHEATON IL	6.4 CITY-ST-ZIP	Wheaton, IL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peter Ender, Asst. Treas 4-13-95 212-804-4780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0984423 FP