SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

1. Corporation Name

COMMERCIAL TESTING & ENGINEERING CO.

Principal Place of Business	Mailing Address
P O BOX 6387 PARSIPPANY NJ 07054	42 BROADWAY 20TH FLR NEW YORK NY 10004 US

3. Date Incorporated or Qualified: **09/23/1987**
3a. Date of Last Report: **04/20/1995**

4. FEI Number: **36-0937920** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 SUITE 210 B	26
22 Suite, Apt. #, etc: 1919 S. HIGHLAND AVE.	27 Suite, Apt. #, etc
23 City & State: LOMBARD, IL	28 City & State
24 Zip: 60148 25 Country	29 Zip 30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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	☐ DELETE	1.1 TITLE	PRESIDENT + Director	☐ Change ☒ Addition
NAME	CZURA, ANTONY		1.2 NAME	SCOTT MORRISON	
STREET ADDRESS	175 COMANCHEE DR		1.3 STREET ADDRESS	1020 N. MAIN ST.	
CITY-ST-ZIP	OCEAN PORT NJ		1.4 CITY-ST-ZIP	WHEATON, IL 60187	
TITLE	AT	☐ DELETE	2.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	ENDER, PETER		2.2 NAME	LLOYD TAYLOR	
STREET ADDRESS	42 BROADWAY		2.3 STREET ADDRESS	4664 PARIS ST., STE B-200	
CITY-ST-ZIP	NEW YORKK NY		2.4 CITY-ST-ZIP	DENVER, CO 80239	
TITLE	ST	☐ DELETE	3.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	YAUCH, EDWARD J.		3.2 NAME	CZURA, ANTONY	
STREET ADDRESS	135 LANCE DRIVE		3.3 STREET ADDRESS	42 BROADWAY	
CITY-ST-ZIP	DES PLAINES IL		3.4 CITY-ST-ZIP	NEW YORK, NY 10004	
TITLE	VP	☒ DELETE	4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	HALE, TERRY		4.2 NAME	STEVEN DRAPER	
STREET ADDRESS	1919 S HIGHLAND AVE		4.3 STREET ADDRESS	42 BROADWAY	
CITY-ST-ZIP	LOMBARD IL		4.4 CITY-ST-ZIP	NEW YORK, NY 10004	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROSEN, JEFFERY		5.2 NAME		
STREET ADDRESS	42 BROADWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HILDON, MICHAEL		6.2 NAME		
STREET ADDRESS	1020 N MAIN		6.3 STREET ADDRESS		
CITY-ST-ZIP	WHEATON IL		6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ A. TREASURER _____ 7/01/96 212-804-4780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #