2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 18, 2000 8:00 am Secretary of State **DOCUMENT # P20264** BOSWELL ENGINEERING, INC. 01-18-2000 90006 037 ***158.75 Mailing Address Principal Place of Business 330 PHILLIPS AVENUE 330 PHILLIPS AVENUE SOUTH HACKENSACK NJ 07606-1717 SOUTH HACKENSACK NJ 07606 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 22-1896168 Not Applicable Country \$8.75 Additional Zip Country \mathbf{X} 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME NAME BOSWELL, STEPHEN T. STREET ADDRESS STREET ADDRESS 40 MIDLAND AVE. CITY-ST-ZIP CITY-ST-ZIP WYCKOFF'NJ 07481 ☐ Addition Change ☐ Defete TITLE NAME BOSWELL, BRUCE D. NAME STREET ADDRESS STREET ADDRESS 17 PINEVIEW DR CITY-ST-ZIP CITY-ST-ZIP WALDWICK NJ 07463 Change ☐ Addition ☐ Delete TITLE **VSD** TITLE BOSWELL, KEVIN J. NAME NAME 6 CHAPEL HILL ROAD STREET ADDRESS STREET ADDRESS 6 CHAPEL RD. CITY-ST-ZIP CITY-ST-ZIP OAKLAND NJ 07436 ☐ Delete ☐ Change ☐ Addition VS . TITLE KELLY, JAMES D. NAME NAME STREET ADDRESS STREET ADDRESS 330 PHILLIPS AVE. CITY-ST-ZIP CITY-ST-ZIP S. HACKENSACK NJ 07606 ☐ Change ☐ Addition SUPPLE CONTROL ☐ Delete TITLE TITI F NAME ; (i) NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 /4 /00

(201) 641 - 0770

Daytime Phone #