**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 16, 2002 8:00 am P20264 DOCUMENT # **Secretary of State** 1. Entity Name 01-16-2002 90067 046 \*\*\*158.75 BOSWELL ENGINEERING, INC. Principal Place of Business Mailing Address 330 PHILLIPS AVENUE 330 PHILLIPS AVENUE SOUTH: HACKENSACK NJ 07606 SOUTH HACKENSACK NJ 07606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 22-1896168 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUME 105 TALLAHASSEE FL 32301 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change ☐ Addition BOSWELL, STEPHEN T. NAME NAME STREET ADDRESS 40 MIDLAND AVE. STREET ADDRESS WYCKOFF NJ 07481 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE VSD ☐ Delete TITLE Change NAME BOSWELL, BRUCE D. NAME STREET ADDRESS 17 PINEVIEW DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WALDWICK NJ 07463 ☐ Addition TITLE ☐ Delete TITLE ☐ Change BOSWELL, KEVIN J. NAME STREET ADDRESS **6 CHAPEL HILL ROAD** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OAKLAND NJ 07436 TITLE ☐ Delete TITLE Change ☐ Addition NAME KELLY, JAMES D. NAME STREET ADDRESS 330 PHILLIPS AVE. STREET ADDRESS CITY-ST-ZIP S. HACKENSACK NJ 07606 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 giper like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02

(201) 641-0770

Daytime Phone #