2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2004 8:00 am Secretary of State 01-20-2004 90065 019 ***158.75

1/7/04 Date

DOCUMENT # P20264 1. Entity Name BOSWELL ENGINEERING, INC.										0003 013	138.73	
Principal Place 330 PHILLIPS SOUTH HACKI	S AVENUE	Mailing Address 330 PHILLIPS AVENUE SOUTH HACKENSACK, NJ 07606				1 NUMBER 11		心を ひひた		DOL U. 1201		
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					01072004	Chg-P	CR28	(10/03)	
City & State			City & State					4. FEI Numb 22-189				olied For Applicable
Zip	Country		Zip Coù		Coun	try -	5. Certificate of Status Desire		red 📉	\$8.75 Additional Fee Required		
	6. Name	Registered A	legistered Agent			7. Name and Address of New Registered Agent Name						
THE PRENTICE-HALL CORPORATION SYSTEM, INC.					Name							
1201 HAYS STREET SUITE 105			71012W, 1110.			Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE, FL 32301						City	.—			F	Zip Code)
8. The above named entity submits this statement for the purpose of changing its registere						ed office or r	register	red agent, or be	oth, in the State			and accept
the obligati	ions of regis	itered agent.										
SIGNATURE_	Signature, types	d or printed name of registered agent	and title if applicab	le. (NOT	E: Registere	d Agent signatur	e requires	d when reinstating)		DATE		
		FEE IS \$150.00 4 Fee will be \$550.		Election Campa Trust Fund Conf			\$5 Add	.00 May Be led to Fees				
10.		OFFICERS AND	DIRECTORS		11.		- +		CHANGES TO	OFFICERS A	ND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	40 MIDLA	LL, STEPHEN T. AND AVE. FF, NJ 07481		☐ Delete	1	ì					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	17 PINE	L, BRUCE D. VIEW DR ICK, NJ 07463		□ Delete		í					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	760 PEA	LL, KEVIN L CH TREE LANE IN LAKES, NJ 07417		☐ Delete		1	KE	VIN J.	BOSWELL		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	34 DON	JAMES D. ALD PLACE ICK, NJ 07463		☐ Delete	- 1	į.					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	2						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3	医安美林氏 生物操作者	हिंगी य क	☐ Delete		· · · · · · · · · · · · · · · · · · ·	ğ			· · · · · · · · · · · · · · · · · · ·	Change 2	Addition
12. I hereby indicated of the conchanged	certify that t d on this rep orporation or 1, or on an a	he information supplied with ort or supplemental report the receiver or trustee emittachment with an address	, with all other	like empowere	or the ex my sign rt as requ d.	emption stat ature shall h uired by Cha	ted in S ave the apter 60	Section 119.07(s same legal eff 07, Florida Statu	3)(i), Florida Sta ect as if made outes; and that m	ututes, I further under oath; tha ny name appea	certify that the at I am an office ars in Block 10 o	information r or director or Block 11 if

STEPHEN T. BOSWELL