FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
 CORPORATION
 ANNUAL REPORT



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

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1. Corporation Name

P20640

(9)

SEMICONDUCTORS, INC. OF NEW JERSEY

Principal Place 3680 INVESTI RIVIERA BEA	MENT LANE	Mailing Address 3680 INVESTMENT LA RIVIERA BEACH FL 3						
					3. Date Incorporated or Qualified 08/25/1988	3a. Date	of Last F /01/19	
2. Principal Pla 21	pal Place of Business 2a. Mailing Address 26				4. FEI Number 22-2016651			Applied For Not Applicable
Suite, Apt. ≢ 22	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.7	5 Additional Required
City & State	1	City & State			Election Campaign Financing Trust Fund Contribution			O May Be
Z(p)	Country 25	Zip 29	Coun	try	This corporation has liability for in Florida Statutes X Yes	intangible ta		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered #	gent	
				31 Name				
HUNSTO 11891 U	HUNSTON, W. JAY, JR. 11891 US-HIGHWAY ONE		-	32 Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
N PALM	BCH FL 33408		Ī	33				
.•			1	34 City		FL	85 Zi	p Code
SIGNATURE - S		Tand the Papplicate (N ID DIRECTORS	OTE Registered A	gent signature require	d when renstating) ADDITIONS/CHANGES TO OFFI	DATE ICERS AND	DIRECTO	DRS IN 12
THE NAME STREET ADDRESS CITY-ST-ZIF	PST SCORNAVACCA, ARTHUR J 3680 INVESTMENT LANE RIVIERA BEACH FL	DELETE .					Change	Addition
THEF NAME STREET ADDRESS CITY-ST-ZIP	VP HILL, ROBERT 3680 INVESTMENT LANE RIVIERA BEACH FL	DELETE	2 1 TITE 2 2 NAM 2 3 STR	E			Change	Addition
TITUE NAME STREET ADDRESS CITY-ST-ZIP	D SCORNAVACCA, ARTHUR J. 3680 INVESTMENT LANE RIVIERA BEACH FL	DELETE	3 1 TiTi 3.2 NAM 3.3 STR	E			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ DELETE				Ē	Change	Addition
THLE NAME STREEL ADDRESS CHY-SE-ZIE		☐ DELETE	5 1 TITE 52 NAM 53 STRE	E			Change	Addition
THEF NAME STHEET ADDRESS CITY - ST- ZIP		☐ DELETE	6.1 TITU 6.2 NAM 6.3 STRE	F		С	Change	Addition
oath, that I	me information indicated on this ann	ual report or supplemental and oralion or the receiver or truste	nished and do nual report is se empowere	pes not qualify for	or the exemption stated in Section 119.0 te and that my signature shall have the s report as required by Chapter 607, Flo	eamo tonal a	flact on H	made under
SIGNATI		R PRINTED NAME OF SIGNING OFFIC		R	Date	Des	time Phone	ī