

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

08-06-2002 90130 036 \*\*\*550.00

**DOCUMENT # P21192**

1. Entity Name  
**ETIENNE AIGNER, INC.** ✓

Principal Place of Business  
**47 BRUNSWICK AVENUE**  
**EDISON NJ 08818**  
**US**

Mailing Address  
**47 BRUNSWICK AVENUE**  
**EDISON NJ 08818**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3473483**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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 Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>AS</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KARDYS, PETER J</b>                    | NAME  |   |
| STREET ADDRESS             | <b>47 BRUNSWICK AVE</b>                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>EDISON NY 08818</b>                    | CITY-ST-ZIP   |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DOWLING, SEAN</b>                      | NAME  |   |
| STREET ADDRESS             | <b>1 ST ANDREW'S COURT</b>                | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>OXFORDSHIRE, ENGLAND</b>               | CITY-ST-ZIP   |   |
| TITLE                      | <b>SV</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CANGEMI, MICHAEL P</b>                 | NAME  |   |
| STREET ADDRESS             | <b>47 BRUNSWICK AVE.</b>                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>EDISON NY</b>                          | CITY-ST-ZIP   |   |
| TITLE                      | <b>S</b> <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ENGROS, CHARLES</b>                    | NAME  |   |
| STREET ADDRESS             | <b>101 PARK AVE</b>                       | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>NEW YORK NY</b>                        | CITY-ST-ZIP   |   |
| TITLE                      | <b>C</b> <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CHONKAR, SUDESH</b>                    | NAME  |   |
| STREET ADDRESS             | <b>47 BRUNSWICK AVENUE</b>                | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>EDISON NJ 08818</b>                    | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 other like information.

SIGNATURE: *Etienne Aigner* SECRETARY 7-25-02 732-278-9200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (7/02)