


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91421 031 ***150.00

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**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **13-3473483**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> Delete
NAME	KARDYS, PETER J	
STREET ADDRESS	47 BRUNSWICK AVE	
CITY-ST-ZIP	EDISON NY 08818	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOWLING, SEAN	
STREET ADDRESS	1 ST ANDREW'S COURT	
CITY-ST-ZIP	OXFORDSHIRE, ENGLAND	
TITLE	SV	<input type="checkbox"/> Delete
NAME	CANGEMI, MICHAEL P	
STREET ADDRESS	47 BRUNSWICK AVE.	
CITY-ST-ZIP	EDISON NY	
TITLE	S	<input type="checkbox"/> Delete
NAME	ENGROS, CHARLES	
STREET ADDRESS	101 PARK AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	C	<input type="checkbox"/> Delete
NAME	CHONKAR, SUDESH	
STREET ADDRESS	47 BRUNSWICK AVENUE	
CITY-ST-ZIP	EDISON NJ 08818	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Peter Kardys* **SIGNATURE REQUIRED** **4-23-03 732-248-9200**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)