

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P26337**

**(6)**

1. Corporation Name:  
**ALCOLAC, INC.**



Principal Place of Business  
**231 BLACK HORSE LANE  
MONMOUTH JUNCTION NJ 08852  
US**

Mailing Address  
**CN 5266  
ATTN: LEGAL  
PRINCETON NJ 08543-5266**

|    |                                |    |                           |
|----|--------------------------------|----|---------------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address       |
| 22 | 21 Suite, Apt. #, etc.         | 27 | 26a. Street, Apt. #, etc. |
| 23 | 22 City & State                | 28 | 27 City & State           |
| 24 | 23 Zip                         | 29 | 28 Zip                    |
| 25 | 24 Country                     | 30 | 29 Country                |

|  |                                       |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified  | 3a. Date of Last Report               |
| <b>10/05/1989</b>  | <b>12/06/1995</b>                     |
| 4. FFI Number  | Applied For                           |
| <b>52-0586661</b>  | Not Applicable                        |
| 5. Certificate of Status Desired   | <b>\$8.75 Additional Fee Required</b> |
| <input type="checkbox"/>   |                                       |
| 6. Election Campaign Financing Trust Fund Contribution                                   | <b>\$5.00 May Be Added to Fees</b>    |
| <input type="checkbox"/>   |                                       |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. |                                       |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                      |                                       |
| 10. Name and Address of New Registered Agent   |                                       |

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 85 | Zip Code   |
|    | <b>FL</b>  |

11. Pursuant to the provisions of Sections 607.07(2) and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I am familiar with, and accept the obligations of, Section 607.07(4), Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------|---|---|
| TITLE                      | DP                          | 1. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KNOX, JAMES                 | 2. NAME   |   |
| STREET ADDRESS             | CN 7500, PROSPECT PLAINS RD | 3. STREET ADDRESS                                     |   |
| CITY-STATE-ZIP             | CRANBURY NJ                 | 4. CITY-STATE-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | DT                          | 5. TITLE  |   |
| NAME                       | FORTE, PHIL                 | 6. NAME   |   |
| STREET ADDRESS             | CN 7500, PROSPECT PLAINS RD | 7. STREET ADDRESS                                     |   |
| CITY-STATE-ZIP             | CRANBURY NJ                 | 8. CITY-STATE-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | V                           | 9. TITLE  |   |
| NAME                       | ROY, OLIVER                 | 10. NAME  |   |
| STREET ADDRESS             | CN 7500, PROSPECT PLAINS RD | 11. STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | CRANBURY NJ                 | 12. CITY-STATE-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | V                           | 13. TITLE   |   |
| NAME                       | VUKOV, RASTKO               | 14. NAME  |   |
| STREET ADDRESS             | CN 7500, PROSPECT PLAINS RD | 15. STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | CRANBURY NJ                 | 16. CITY-STATE-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | S                           | 17. TITLE   |   |
| NAME                       | IATESTA, JOHN M             | 18. NAME  |   |
| STREET ADDRESS             | 231 BLACK HORSE LANE        | 19. STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | MONMOUTH JCT. NJ            | 20. CITY-STATE-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                             | 21. TITLE   |   |
| NAME                       |                             | 22. NAME  |   |
| STREET ADDRESS             |                             | 23. STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             |                             | 24. CITY-STATE-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

100001771921  
-04/08/96--01025--034  
\*\*\*200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information is true and correct 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 12 or Block 13 if changed, or in an affidavit filed with an address.

SIGNATURE: *John M. Iatesta* John M. Iatesta March 29, 1996 (908)821-3366  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)