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Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90220 002 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P26337

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  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/05/1989

4. FEI Number  
52-0586661

Applied For  
Not Applicable

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

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S  
NAME IATESTA, JOHN M  
STREET ADDRESS 231 BLACK HORSE LN  
CITY-ST-ZIP MONMOUTH JCT. NJ

1.1 TITLE DIRECTOR  
1.2 NAME PAUL O'HEA  
1.3 STREET ADDRESS 259 PROSPECT PLAINS RD.  
1.4 CITY-ST-ZIP CRANBURY, NJ 08512

TITLE DT  
NAME FORTE, PHIL  
STREET ADDRESS CN 7500, PROSPECT PLAINS RD  
CITY-ST-ZIP CRANBURY NJ

2.1 TITLE VICE PRES AND TREAS.  
2.2 NAME KEVIN LOBO  
2.3 STREET ADDRESS 259 PROSPECT PLAINS RD.  
2.4 CITY-ST-ZIP CRANBURY NJ 08512

TITLE V  
NAME VUKOV, RASTKO  
STREET ADDRESS CN 7500, PROSPECT PLAINS RD  
CITY-ST-ZIP CRANBURY NJ

3.1 TITLE SECRETARY  
3.2 NAME JOHN M. IATESTA  
3.3 STREET ADDRESS 259 PROSPECT PLAINS RD.  
3.4 CITY-ST-ZIP CRANBURY, NJ 08512

TITLE AS  
NAME SAVIANO, ANTHONY  
STREET ADDRESS 231 BLACK HORSE LANE  
CITY-ST-ZIP MONMOUTH JUNCTION NJ

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE P  
NAME JONGENARD, CHARLES  
STREET ADDRESS PROSPECT PLAINS RD  
CITY-ST-ZIP CRANBURY NJ 08512

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John M. Iatesta  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
April 16, 1999 (609) 860-4375

CR2E034 (11/98)