


FILED
May 25, 2007 8:00 am
Secretary of State

04-30-2007 90472 018 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P28025 1. Entity Name MILLAR ELEVATOR SERVICE COMPANY		
Principal Place of Business 20 WHIPPANY RD. TAX DEPARTMENT MORRISTOWN, NJ 07960		Mailing Address 20 WHIPPANY RD. MORRISTOWN, NJ 07960 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE
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: <u>Stewart M. Gisser</u> <u>Stewart M. Gisser</u> <u>4/24/07</u> <small>Signature, typed or printed name of registered agent and when applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTTIMANN, FRANZ CH6030 EBIKON-LUZERNE,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KARNASH, JOHN S 20 WHIPPANY RD. MORRISTOWN, NJ 07960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GISSER, STEWART M 20 WHIPPANY RD. MORRISTOWN, NJ 07960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>John S. M. Karnash</u> <u>John S. M. Karnash</u> <u>5/21/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		