


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90086 041 ***150.00

DOCUMENT # P29388					
1. Entity Name IN/US SYSTEMS, INC.					
Principal Place of Business 101 ROUTE 46, EAST STE 122 PINE BROOK NJ 07058 US			Mailing Address 101 RT 46 E STE 122 PINE BROOK NJ 07058 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 22-3033566	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HNIZDIL, JOHN E. 5809 N. 50TH STREET TAMPA FL 33610-4809				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAPKIN, EDWARD		NAME		
STREET ADDRESS	101 RT 46 E STE 122		STREET ADDRESS		
CITY-ST-ZIP	PINE BROOK NJ 07058		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HNIZDIL, JOHN E.		NAME		
STREET ADDRESS	5809 N. 50TH ST.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33610		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIDOFF, ROBERT		NAME		
STREET ADDRESS	900 THIRD AVENUE		STREET ADDRESS	33rd Floor/900 Third Ave.	
CITY-ST-ZIP	NEW YORK NY 10022		CITY-ST-ZIP	New York, ,NY 10022	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIDOFF, HOWARD		NAME		
STREET ADDRESS	900 THIRD AVENUE		STREET ADDRESS	33rd Floor/900 Third Ave.	
CITY-ST-ZIP	NEW YORK NY 10022		CITY-ST-ZIP	New York, NY 10022	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POLIC, EDWARD		NAME		
STREET ADDRESS	1011 N. 25TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MELROSE PARK IL 60160		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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Edward Rapkin Edward Rapkin 2/16/06 973-575-7552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #