

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P34927 1. Entity Name EMERSON QUIET KOOL CORPORATION	
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Principal Place of Business 505 MARTINSVILLE RD PO BOX 813 LIBERTY CORNER, NJ 07938 US	Mailing Address 505 MARTINSVILLE RD PO BOX 813 LIBERTY CORNER, NJ 07938 US
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04132004 No Chg-P CR2E034 (10/03)

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4. FEI Number 22-3061439	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
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO ETTER, MICHAEL B 505 MARTINSVILLE ROAD LIBERTY CORNER, NJ 07938
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VFC GIORDANO, MICHAEL 505 MARTINSVILLE RD LIBERTY CORNER, NJ 07938
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD HANSEN, KENT F 505 MARTINSVILLE RD LIBERTY CORNER, NJ
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DIGIOVANNI, NANCY 505 MARTINSVILLE RD LIBERTY CORNER, NJ 07938
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BRUNO, JORDAN L 505 MARTINSVILLE RD LIBERTY CORNER, NJ 07938
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIORDANO, JR. S 505 MARTINSVILLE RD LIBERTY CORNER, NJ

U00000124665 04/22/04-80054-014 150.00
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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: Jordan L Bruno 4/13/2004 (908) 604-8686 x4229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #