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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P35725

1. Corporation Name
MELRU CORPORATION



Principal Place of Business

155 RITTENHOUSE CIRCLE
KEYSTONE PARK
BRISTOL PA 19007
US

Mailing Address

155 RITTENHOUSE CIR
KEYSTONE PARK
BRISTOL PA 19007
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1991

2. Principal Place of Business

21 160 Rittenhouse Circle
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

23-2256563

Applied For

Not Applicable

22 Keystone Park
City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Bristol PA
Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 19007 25 US

29 30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE CEO
NAME KIMMEL, SIDNEY
STREET ADDRESS 191 N. PRESIDENTIAL BLVD
CITY-ST-ZIP BALA CYNWYD PA ☐ DELETE

TITLE VPS
NAME GOODFRIEND, HERBERT J.
STREET ADDRESS 179 E. 70TH STREET
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE P
NAME BUERKLE, HOWARD A.
STREET ADDRESS 63 HERING ROAD
CITY-ST-ZIP MONTVALE NJ ☐ DELETE

TITLE VPT
NAME CARD, WESLEY R
STREET ADDRESS 10 KIMBERLY COURT
CITY-ST-ZIP PRINCETON NJ 03540 ☐ DELETE

TITLE VP
NAME FARRELL, PATRICK M.
STREET ADDRESS 1420 BARTON DR
CITY-ST-ZIP FT WASHINGTON PA 19034 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME BUERKLE, HOWARD A.
3.3 STREET ADDRESS 412 JEFFRIES AVE
3.4 CITY-ST-ZIP BLACK HAVEN, NJ 08008

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

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

6.1 TITLE ☐ Change ☐ Addition
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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/99
Date

215-761-5346
Daytime Phone #

CR2E034 (1/98)