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000736

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
May 07, 1999 8:00 am
Secretary of State
05-07-1999 90148 025 ***150.00

DOCUMENT # P36760

1. Corporation Name
MACRO CORPORATION

Principal Place of Business	Mailing Address
700 BUSINESS CENTER DRIVE HORSHAM PA 19044	700 BUSINESS CENTER DRIVE HORSHAM PA 19044

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1991

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 23-1692340 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DE VRIES, MENNO		1.2 NAME		
STREET ADDRESS	UTRECHTSEWEG 310 , 6800 ET ARNHEIM		1.3 STREET ADDRESS		
CITY-ST-ZIP	THE NETHERLANDS EU 19006		1.4 CITY-ST-ZIP		
TITLE	CEOS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	AMELINK, HERMAN		2.2 NAME		
STREET ADDRESS	4400 FAIRLAKES CT SUITE 101		2.3 STREET ADDRESS		
CITY-ST-ZIP	FAIRFAX VA 22033		2.4 CITY-ST-ZIP		
TITLE	CFO	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHLESS, ED		3.2 NAME		
STREET ADDRESS	UTRECHTSEWEG 310 , 6800 ET ARNHEM		3.3 STREET ADDRESS		
CITY-ST-ZIP	THE NETHERLANDS EU 06776		3.4. CITY-ST-ZIP		
TITLE	M	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VERMISSEN, GUUS		4. 2 NAME		
STREET ADDRESS	UTRECHTSEWEG 310 , 6800 ET ARNHEM		4.3 STREET ADDRESS		
CITY-ST-ZIP	THE NETHERLANDS EU 18036		4.4 CITY-ST-ZIP		
TITLE	EVP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PETERMAN, GEORGE J		5.2 NAME		
STREET ADDRESS	588 W PROSPECT AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NO WALES PA 19454		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MARTINO, FRED J		6.2 NAME		
STREET ADDRESS	798 QUARRY RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	HARLEYSVILLE PA 19438		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: Richard A. Newcomer 4/30/99 703-631-6912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #