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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P36978

(5)

1. Corporation Name

VOTAINER USA INC.

Principal Place of Business

25 COMMERCE DRIVE
CRANFORD NJ 07016

Mailing Address

120 TOKENEKE RD
DARIEN CT 06820-4825
US



3. Date Incorporated or Qualified

01/06/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

22-3140639

Applied For

Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
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's signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARR, MICHEAL	1.2 NAME	
STREET ADDRESS	120 TOKENEKE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DARIEN CT 06820	1.4 CITY-ST-ZIP	
TITLE	VPS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATZBI, MARK	2.2 NAME	
STREET ADDRESS	120 TOKENEKE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DARIEN CT 06820	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAULEY, DANIEL J.	3.2 NAME	
STREET ADDRESS	120 TOKENEKE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DARIEN CT 06820	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROHRMANN, GUENTER	4.2 NAME	
STREET ADDRESS	120 TOKENEKE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DARIEN CT 06820	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLAN, DENNIS M	5.2 NAME	
STREET ADDRESS	120 TOKENEKE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DARIEN CT 06820	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 change is shown on an attachment with an address.

SIGNATURE:

[Signature] Daniel J. McCauley 4/22/97 (22)155-7000

CR2E034 (9/96)