## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## May 13 1998 8:00am Secretary of State

	MENT # P3697 NER USA INC.	<u> </u>	CORPORATIONS		ANNI ANGA MAN ANA	
Principal Plac	ce of Business	Mailing Address				
25 COMMERCE DRIVE 120 TOKENEKE RD CRANFORD NJ 07016 DARIEN CT 08820 US			DO NOT WRITE IN TH	IIS SPACE		
		US		3. Date Incorporated or Qualified	IO DI AOL	
				01/06/1992		
	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Ap	plied For
21		26		22-3140639		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22 City & Sta	le	City & State		C Floation Companies Financine		<del></del>
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Addød t	
Zip	Country	Zip	Country	8. This corporation owes or has paid the		
24	25	29	30	Personal Property Tax due June 30.		] No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Register	ed Agent	
C T CORPORATION SYSTEM 8751 WEST BROWARD BLVD. PLANTATION FL 33324				ddress (P.O. Box Number is Not Acceptable)		
11. Pursuant office or agent. I a SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig signature, typed or professional name of registered reg		es, the above-named counthorized by the corporida Statutes.  E Registered Agent signature re	corporation submits this statement for the purpose oration's board of directors. I hereby accept the a sequired whon reinstating)	e of changing its appointment as	s registered registered
12,	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	S IN 12
TITLE	P	☐ DELETE	1.1 TATLE		Change	Addition Addition
NAME	MARR, MICHEAL		1.2 NAME			
STREET ADDRESS	120 TOKENEKE RO		1.3 STREET ADDRESS			
CITY-ST-ZIP	DARIEN CT 06820 VPS	DELETE	1.4 CITY - ST - ZIP			
TITLE NAME	ATZBI, MARK				Change	Addition
STREET ADDRESS	VIENI MUNI	- Detter	21 TITLE		☐ Change	Addition
	120 TOKENEKE RD		2.2 NAME		☐ Change	Addition
	120 TOKENEKE RD DARIEN CT 06820	_ becele	2.2 NAME 2.3 STREET ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE	120 TOKENEKE RD DARIEN CT 08820 VPD	DELETE	2.2 NAME		☐ Change	☐ Addition
CITY-ST-ZIP	DARIEN CT 06820		2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP			
CITY-ST-ZIP TITLE	DARIEN CT 06820 VPD MCCAULEY, DANIEL J. 120 TOKENEKE RD		2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE			
CITY-ST-ZIP TITLE NAME	DARIEN CT 06820 VPD MCCAULEY, DANIEL J.	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DARIEN CT 06820 VPD MCCAULEY, DANIEL J. 120 TOKENEKE RD DARIEN CT 06820 D		2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DARIEN CT 08820 VPD MCCAULEY, DANIEL J. 120 TOKENEKE RD DARIEN CT 08820 D ROHRMANN, GUENTER	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME		☐ Change	Addition
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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 arrival report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the roceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter or on an attachment with an address.

SIGNATURE:

DANIEL J. McCAU4978 (263) 655 - 79