**FILED** 

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90208 002 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300068790

1. Corporation Name

URANUS MARKETING TECHNOLOGY, INC.

<u> </u>								
Principal Flace	e of Business	Mailing Address	_				*****	6 . 6111 AB(1 1 1 B)
91 FIELDCREST AVE. RARITAN PLAZA II EDISON NJ 08837		91 FIELDCREST AVE. RARITAN PLAZA II EDISON NJ 08837				DO NOT WRITE IN THIS	SPACE	
US		US				3. Date Incorporated or Qualifed 10/04/1993		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	L A	pplied For
21		26				65-0446741	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional lequired
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip		Country		8. This corporation owes the current year into	angible	
24	25	29	30			Personal Property Tax.	☐ Yes	\ŽNº
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registers d	Agent	
0.25	DODITION OFFICE COMPANY			81	Name			
CORPORATION SERVICE COMPANY				82	Street A	Address (P.O. Bo) Number is Not Acceptable)		
1201 HAYS STREET						,		
TALLAHASSEE FL 32301				83				
Ì				84	City		85 Zip	Code
}					•	FL	,     `	
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 clirectors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								
<u> </u>	Signature, typed or printed na ne of registered agent				t signature re	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	OF E IN 12
12.	PVTD OFFICERS AND	DELETE		1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	Change	
TITLE	DIDOMENICO, JOHN			1.1 TILE			□ Onungo	
NAME	91 FIELDCREST AVE.							
STREET ADDRESS	EDISON NJ 08837			1.3 STREET ADDRESS				
CITY-ST-ZiP	S S	☐ DELETE	_	4 CITY-ST 1 TITLE	-ZIP		Change	☐ Addition I
TIFLE	_		1			Secretary	Pondinge	
NAME	DIDOMENICO, BARBARA ESQ			2.2 NAME		Barbara D. Geary, Esq.		
STREET ADDRESS	91 FIELDCREST AVE.		- 6	2.3 STREET ADDRESS		91 Fieldcrest Ave.		
CITY-ST-ZIP	EDISON NJ 08837	DELETE		2. 4 CITY-ST-ZIP 3.1 TITLE		Edison, NJ 08837	☐ Change	Addition
TITLE		□ DELE+E					□ Onlange	
NAME				3.2 NAME 3.3 STREET ADDRESS				
STREET ADDRE IS								
CITY-ST-ZIP				4. CITY-S	T-ZIP		Change	Addition
TITLE		☐ pcfcic					onunge	
NAME				2 NAME	ADDRESS			
STREET ADDRESS			<b>4</b>	J DIKE≻1	ADDICESS 1			1

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Change

☐ Addition

☐ Addition