

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Oct 07 1998 8:00am  
Secretary of State

DOCUMENT # V19458

(1)

1. Corporation Name  
SIX SIGMA, INC.



Principal Place of Business  
8310 MERGANSER DRIVE  
PONTE VEDRA BEACH FL 32082  
US

Mailing Address  
P O BOX 1252  
PONTE VEDRA FL 32004  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1992

4. FEI Number  
59-3109798

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

KOZIKOWSKI, RAY  
8310 MERGANSER DR.  
PONTE VEDRA BEACH FL 32082

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 VP  
NAME KOZIKOWSKI, RAY  
STREET ADDRESS 8310 MERGANSER DRIVE  
CITY-STATE-ZIP PONTE VEDRA BEACH FL

☐ DELETE

TITLE VP  
NAME VADNAIS, JOHN  
STREET ADDRESS P.O. BOX 340  
CITY-STATE-ZIP EAST GREENBUSH NY

☐ DELETE

TITLE VP  
NAME BURNS, V. DAVID  
STREET ADDRESS 13 UPDIKE MILLS ROAD  
CITY-STATE-ZIP BELLEMEADE NJ

☒ DELETE

TITLE VP  
NAME ROSSI, DAVID J  
STREET ADDRESS 41 MOUNT KIMBLE AVENUE  
CITY-STATE-ZIP MORRISTOWN NJ

☐ DELETE

TITLE VP  
NAME SALZILLO, MIKE J  
STREET ADDRESS 192 DICKENS COURT  
CITY-STATE-ZIP SOMERSET NJ

☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

1000002657861  
-10/07/98--01073--023  
\*\*\*150.00

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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.

SIGNATURE: RAY KOZIKOWSKI

9/24/98 19231605-1000002657861

CR2E034 (5/98)