

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

FILED
Feb 12 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # F95000002685 (4)
 1. Corporation Name
MICROTECH LEASING CORPORATION OF NEW JERSEY



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|--|--|
| Principal Place of Business 211 COLLEGE ROAD EAST PRINCETON NJ 08540 | Mailing Address 211 COLLEGE ROAD EAST PRINCETON NJ 08540 |
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DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|------------------|-------------------------|------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/02/1995 | |
| 21. Suite, Apt. #, etc. | 22. City & State | 26. Suite, Apt. #, etc. | 27. City & State | 4. FEI Number 22-2802596 | Applied For <input type="checkbox"/> Not Applicable |
| 23. Zip | 25. Country | 28. Zip | 29. Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 24. Zip | | 25. Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Zip | | | | 25. Country | |
| 29. Zip | | | | 30. Country | |

| | | | | | |
|--|--|--|--|--|--|
| 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 | |
| | | | | 85. Zip Code | |

11. Pursuant to the provisions of Section 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: *Allen M. Olinger* (Typed name of person or registered agent, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------------|---|---|
| TITLE | CD TUCHMAN, MARTIN | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 633 PROSPECT AV. | 1.2 NAME | |
| STREET ADDRESS | PRINCETON NJ | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | PD OLINGER, ALLEN M | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 6546 FLEECYDALE RD. | 2.2 NAME | |
| STREET ADDRESS | SOLEBURY PA | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | VS SPRY, DEBORAH J | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 6546 FLEECYDALE RD. | 3.2 NAME | |
| STREET ADDRESS | SOLEBURY PA | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | TD WITTEVEEN, RAOUL J | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 388 DANIELS LANE | 4.2 NAME | |
| STREET ADDRESS | SAGAPONACK NY | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | AS FRANCIS, KATHLEEN C | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 360 NASSAU STREET | 5.2 NAME | |
| STREET ADDRESS | PRINCETON NJ | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | D SERENBETZ, WARREN L | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 695 WEST STREET | 6.2 NAME | |
| STREET ADDRESS | HARRISON NY | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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, trustee or 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: *Allen M. Olinger* **ALLEN M. OLINGER/30/98 609 987 0077**

CR2E034 (10/97)