

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 03, 1999 8:00 am**  
**Secretary of State**

08-03-1999 90005 033 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F95000002685

1. Corporation Name  
**MICROTECH LEASING CORPORATION OF NEW JERSEY**



Principal Place of Business: 211 COLLEGE ROAD EAST, PRINCETON NJ 08540  
 Mailing Address: 211 COLLEGE ROAD EAST, PRINCETON NJ 08540

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/02/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		22-2802596	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing	
24	25	29	30	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property.	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCHMAN, MARTIN	1.2 NAME	
STREET ADDRESS	633 PROSPECT AV.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLINGER, ALLEN M	2.2 NAME	
STREET ADDRESS	6546 FLEECYDALE RD.	2.3 STREET ADDRESS	16 MORRIS DRIVE
CITY-ST-ZIP	SOLEBURY PA	2.4 CITY-ST-ZIP	PRINCETON, NJ 08540
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRY, DEBORAH J	3.2 NAME	
STREET ADDRESS	6546 FLEECYDALE RD.	3.3 STREET ADDRESS	16 MORRIS DRIVE
CITY-ST-ZIP	SOLEBURY PA	3.4 CITY-ST-ZIP	PRINCETON, NJ 08540
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITTEVEEN, RAOUL J	4.2 NAME	
STREET ADDRESS	368 DANIELS LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAGAPONACK NY	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIS, KATHLEEN C	5.2 NAME	
STREET ADDRESS	360 NASSAU STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERENBETZ, WARREN L	6.2 NAME	
STREET ADDRESS	695 WEST STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISON NY	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 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: \_\_\_\_\_ 7/23/99 609-987-0077

CR2E034 (5/99)

600060-70008-33  
F95000002685



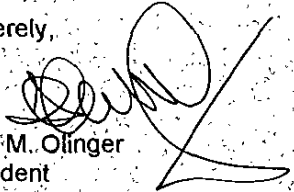
Department of State  
Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: MicroTech Leasing Corporation Document # F95000002685

To Whom It May Concern:

We recently received the 1999 Profit Corporation Annual Report Packet 2<sup>nd</sup> Notice and are filing the form along with this letter. We never received the 1<sup>st</sup> Notice Packet. I called 850-488-9000 and was told to send a check for \$150.00 and write a letter indicating we never received the 1<sup>st</sup> Packet.

Sincerely,

  
Allen M. Olinger  
President

211 College Road East  
Princeton, NJ 08540  
FAX 609.987.1011  
609.987.0077  
[www.mtlc.com](http://www.mtlc.com)