

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**FILED**

**Sep 05 1997 8:00am  
Secretary of State**

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION<br/>ANNUAL REPORT<br/>1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE<br/>Sandra B. Mortham<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |
|--|---|--|

**DOCUMENT # 842084 (6)**  
1. Corporation Name  
**BUCK ENGINEERING CO. INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>STATE HIGHWAY 34<br/>P.O. BOX 696<br/>FARMINGDALE NJ 07727</b> | Mailing Address<br><b>STATE HIGHWAY 34<br/>P.O. BOX 696<br/>FARMINGDALE NJ 07727</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>12/19/1978</b>   | 3a. Date of Last Report<br><b>06/07/1996</b>           |
| 4. FEI Number<br><b>21-0415841</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

**9. Name and Address of Current Registered Agent**  
**CT CORPORATION SYSTEM  
1200 S. 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 |
|         | <b>300002286509</b>                                   | <b>-09/08/97--01004--016</b> | <b>***550.00</b> | <b>FL</b>   |

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**

|                |   |
|----------------|---|
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>SAVINELLI, EMILIO A.</b>                         |
| STREET ADDRESS | <b>24 MOLLBROOK DR.</b>                             |
| CITY-ST-ZIP    | <b>WILTON CT</b>                                    |
| TITLE          | <b>D</b> <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>SCHLUTER, JOHN A.</b>                            |
| STREET ADDRESS | <b>42 BAY RD.</b>                                   |
| CITY-ST-ZIP    | <b>HUNTINGTON NY</b>                                |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>WIANT, DAVID B.</b>                              |
| STREET ADDRESS | <b>44 MAIN ST.</b>                                  |
| CITY-ST-ZIP    | <b>BLOOMSBURY NJ</b>                                |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>GREENE, JAMES R.</b>                             |
| STREET ADDRESS | <b>134 BUTTONWOOD DR.</b>                           |
| CITY-ST-ZIP    | <b>FAIR HAVEN NJ</b>                                |
| TITLE          | <b>D</b> <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>ROBERTS, KENNETH D.</b>                          |
| STREET ADDRESS | <b>72 WINDSOR RD.</b>                               |
| CITY-ST-ZIP    | <b>WELLESLEY HILLS MA</b>                           |
| TITLE          | <input type="checkbox"/> DELETE                     |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| 1.2 NAME           | <b>James S. Vaccaro III</b>   |
| 1.3 STREET ADDRESS | <b>613 North Edgemere Drive</b>   |
| 1.4 CITY-ST-ZIP    | <b>West Allenhurst, NJ 07711</b>  |
| 2.1 TITLE          | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| 2.2 NAME           | <b>Robin A. Duggan</b>  |
| 2.3 STREET ADDRESS | <b>884 Crest Ridge Drive</b>  |
| 2.4 CITY-ST-ZIP    | <b>Toms River, NJ 08753</b>   |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS | <b>69 Leigh Street</b>  |
| 3.4 CITY-ST-ZIP    | <b>Clinton, NJ 08809</b>  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 4.2 NAME           | <b>Garrett B. Hunter</b>  |
| 4.3 STREET ADDRESS | <b>150 Tamarack Drive</b>   |
| 4.4 CITY-ST-ZIP    | <b>E. Greenwich, RI 02818</b>   |
| 5.1 TITLE          | <b>O/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | <b>Charles H. Bond</b>  |
| 5.3 STREET ADDRESS | <b>128 West End Avenue</b>  |
| 5.4 CITY-ST-ZIP    | <b>Island Heights, NJ 08732</b>   |
| 6.1 TITLE          | <b>O/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | <b>Peter M. Schluter</b>  |
| 6.3 STREET ADDRESS | <b>4 Quaker Lane</b>  |
| 6.4 CITY-ST-ZIP    | <b>Little Silver, NJ 07739</b>  |

14. I do 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 agreement with an address.

SIGNATURE \_\_\_\_\_ (Charles H. Bond) DATE \_\_\_\_\_

CR2E034 (4/97)