

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

**FILED**  
**Apr 27, 1998 8:00 am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1998**



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

**DOCUMENT #**  
 1. Corporation Name

**842084**

Lab-Volt Systems, Inc.  
 (formerly Buck Engineering Co. Inc.)

Principal Place of Business

Mailing Address

State Hwy 34  
 P.O. Box 686  
 Farmingdale, NJ 07727

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 P.O. Box 686  
 Farmingdale, NJ 07727

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/19/1978**

4. FEI Number  
**210415841**

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

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt #, etc.		Suite, Apt #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

**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 **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	D	<input type="checkbox"/> DELETE
NAME	Savinelli, Emilio A.	
STREET ADDRESS	24 Mollbrook Drive	
CITY-ST-ZIP	Wilton CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Wiant, David B.	
STREET ADDRESS	69 Leigh Street	
CITY-ST-ZIP	Clinton NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Greene, James R.	
STREET ADDRESS	134 Buttonwood Drive	
CITY-ST-ZIP	Fairhaven, NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Vaccaro, James S. III	
STREET ADDRESS	613 North Edgemere Drive	
CITY-ST-ZIP	West Allenhurst, NJ 07711	
TITLE	D/O	<input type="checkbox"/> DELETE
NAME	Duggan, Robin A.	
STREET ADDRESS	884 Crest Ridge Drive	
CITY-ST-ZIP	Toms River, NJ 08753	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Garrett B. Hunter	
STREET ADDRESS	150 Tamarack Drive	
CITY-ST-ZIP	E. Greenwich, RI 02818	

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

1.1 TITLE	O/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Charles H. Bond	
1.3 STREET ADDRESS	128 West End Avenue	
1.4 CITY-ST-ZIP	Island Heights, NJ	
2.1 TITLE	O/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Peter M. Schluter	
2.3 STREET ADDRESS	4 Quaker Lane	
2.4 CITY-ST-ZIP	Little Silver, NJ 07739	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 \*\*\*150.00

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, on an attachment with an address.

**SIGNATURE:** *Charles H. Bond* Charles H. Bond 4/20/98 (732) 938-2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)