

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

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

03-03-1999 90035 040 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 842084**

1. Corporation Name  
**LAB-VOLT SYSTEMS, INC.**



Principal Place of Business STATE HIGHWAY 34 P.O. BOX 686 FARMINGDALE NJ 07727	Mailing Address STATE HIGHWAY 34 P.O. BOX 686 FARMINGDALE NJ 07727
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DO NOT WRITE IN THIS SPACE

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

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 \_\_\_\_\_ (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 DR	
CITY-ST-ZIP	WILTON CT	
TITLE	OD	<input type="checkbox"/> DELETE
NAME	SCHLUTER, PETER M	
STREET ADDRESS	4 QUAKER LANE	
CITY-ST-ZIP	LITTLE SILVER NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WIANT, DAVID B.	
STREET ADDRESS	69 LEIGH STREET	
CITY-ST-ZIP	CLINTON NJ 08809	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREENE, JAMES R	
STREET ADDRESS	134 BUTTONWOOD DR.	
CITY-ST-ZIP	FAIR HAVEN NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VACCARO, JAMES S III	
STREET ADDRESS	613 N EDGEMERE DR	
CITY-ST-ZIP	WEST ALLENHURST NJ 07711	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUNTER, GARRETT B	
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 08732	
2.1 TITLE	O/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robin A. Duggan	
2.3 STREET ADDRESS	884 Crest Ridge Drive	
2.4 CITY-ST-ZIP	Toms River, NJ 08753	
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		

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, with all other like empowered.

SIGNATURE: Charles H. Bond Date: 2/3/99 (732) 938-2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)