

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90060 005 ***150.00

DOCUMENT # 842084

1. Entity Name
LAB-VOLT SYSTEMS, INC.



Principal Place of Business
**STATE HIGHWAY 34
P.O. BOX 686
FARMINGDALE NJ 07727**

Mailing Address
**STATE HIGHWAY 34, ATTN: CHARLES H. BOND
P.O. BOX 686
FARMINGDALE NJ 07727**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
21-0415841

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM 842084
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

FARMINGDALE NJ 07727
EMILIO V
SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVINELLI, EMILIO A 24 MOLLBROOK DR WILTON CT	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD SCHLUTER, PETER M 4 QUAKER LANE LITTLE SILVER NJ	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIANT, DAVID B. 69 LEIGH STREET CLINTON NJ 08809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, JAMES R 134 BUTTONWOOD DR. FAIR HAVEN NJ	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VACCARO, JAMES S III 613 N EDGEMERE DR WEST ALLENHURST NJ 07711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVINELLI, EMILIO A HUNTER, GARRETT B 150 TAMARACK DRIVE GREENWICH RI 02818	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES H. KETTEMAN 2343 Wulfert SANIBEL ISLAND, FL 33957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MR. CHARLES H. BOND 282 DIVISION AVENUE BELLVILLE, NJ 07109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MR. ROBIN A. DUGGAN 884 CREST RIDGE DRIVE TOMS RIVER, NJ 08753	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MR. GUY GOUPIL 873 TORONTO STE. FOY, QUEBEC, CANADA G1N 4B1	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIEL RODRIGUEZ 1997 LEONARD DRIVE TOMS RIVER, NJ 08755	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all of like empowered.

SIGNATURE: *Emilio Savinelli*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/03

Date

732-938-2000 x 202

Daytime Phone #

0012604 MB

0012604 MB

CR2E034 (10/02)