

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 842084

FILED  
Jul 01, 2004  
Secretary of State

Entity Name: LAB-VOLT SYSTEMS, INC.

**Current Principal Place of Business:**

STATE HIGHWAY 34  
P.O. BOX 686  
FARMINGDALE, NJ 07727

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 21-0415841      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SAVINELLI, EMILIO A  
Address: 24 MOLLBROOK DR  
City-St-Zip: WILTON, CT

Title: OD ( ) Delete  
Name: SCHLUTER, PETER M  
Address: 4 QUAKER LANE  
City-St-Zip: LITTLE SILVER, NJ

Title: D ( ) Delete  
Name: WIANT, DAVID B.  
Address: 69 LEIGH STREET  
City-St-Zip: CLINTON, NJ 08809

Title: D ( ) Delete  
Name: GREENE, JAMES R  
Address: 134 BUTTONWOOD DR.  
City-St-Zip: FAIR HAVEN, NJ

Title: D ( ) Delete  
Name: VACCARO, JAMES S III  
Address: 613 N EDGEMERE DR  
City-St-Zip: WEST ALLENHURST, NJ 07711

Title: D ( ) Delete  
Name: HUNTER, GARRETT B  
Address: 150 TAMARACK DRIVE  
City-St-Zip: E. GREENWICH, RI 02818

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES H. BOND

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

MR.

07/01/2004

\_\_\_\_\_ Date