

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000000533

Entity Name: ICIMS, INC.**Current Principal Place of Business:**PARKWAY 120: 5TH FLOOR
MATAWAN NJ 07747**Current Mailing Address:**PARKWAY 120: 5TH FLOOR
MATAWAN NJ 07747**FEI Number:** 22-3719840**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	P
Name	DAY, COLIN
Address	1301 ROUTE 36
City-State-Zip:	HAZLET NJ 07730

Title	S
Name	LIU, SINCIA
Address	1301 ROUTE 36
City-State-Zip:	HAZLET NJ 07730

Title	D
Name	DAY, STEPHAN
Address	1301 ROUTE 36
City-State-Zip:	HAZLET NJ 07730

Title	VP
Name	LIU, SINCIA
Address	1301 ROUTE 36
City-State-Zip:	HAZLET NJ 07730

Title	T
Name	NU-YUAN (SABRINA) HSU
Address	1301 ROUTE 36
City-State-Zip:	HAZLET NJ 07730

Title	D
Name	FERRENTINO, ANDY
Address	1301 ROUTE 36
City-State-Zip:	HAZLET NJ 07730

I hereby 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 all other like empowered.

SIGNATURE: KATHRYN A SILLETTI**ASSISTANT CONTROLLER** 02/26/2014_____
Electronic Signature of Signing Officer/Director Detail_____
Date