

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004932

FILED
Apr 09, 2009
Secretary of State

Entity Name: ASSOCIATED GLOBAL SYSTEMS, INC.

Current Principal Place of Business:

3333 NEW HYDE PARK ROAD
NEW HYDE PARK, NY 11042

New Principal Place of Business:

Current Mailing Address:

3333 NEW HYDE PARK ROAD
NEW HYDE PARK, NY 11042

New Mailing Address:

FEI Number: 13-1873046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: FREEMAN, NORMAN
Address: 211 EAST 70TH STREET
City-St-Zip: NEW YORK, NY 11021

Title: V () Delete
Name: TUCCI, JAMES
Address: 33 VAL RAY BLVD.
City-St-Zip: CENTRAL ISLIP, NY 11722

Title: V () Delete
Name: OCCHICONE, MICHAEL
Address: 1326 KEARNEY AVENUE
City-St-Zip: BRONX, NY 10465

Title: D () Delete
Name: JASON, JAY
Address: 100 RED SCHOOLHOUSE ROAD
City-St-Zip: CHESTNUT RIDGE, NY 10977

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL OCCHICONE

V

04/09/2009

Electronic Signature of Signing Officer or Director

Date