

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006584

FILED  
Jan 15, 2010  
Secretary of State

**Entity Name:** ASTRARELEASE ASSOCIATES, INC.

**Current Principal Place of Business:**

200 MOTOR PARKWAY, SUITE D-21  
HAUPPAUGE, NY 11788

**New Principal Place of Business:**

**Current Mailing Address:**

200 MOTOR PARKWAY, SUITE D-21  
HAUPPAUGE, NY 11788

**New Mailing Address:**

**FEI Number:** 11-3007351

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: CP  
Name: BERTSCH, DON E  
Address: 3 ARTHUR PLACE  
City-St-Zip: SMITHTOWN, NY 11787

Title: VCST  
Name: ROACH, JOSEPH  
Address: 9 SALT MEADOW ROAD  
City-St-Zip: BABYLON, NY 11702

Title: D  
Name: MORGENSTERN, ROBERT  
Address: 25 WINFIELD DAVID DRIVE  
City-St-Zip: CORAM, NY 11727

Title: D  
Name: BRANNIGAN, MICHAEL  
Address: 63 MAYFLOWER AVENUE  
City-St-Zip: MASSAPEQUA PARK, NY 11762

Title: VP  
Name: MELNICK, STACEY  
Address: 156 WILLOW WOOD DRIVE  
City-St-Zip: OAKDALE, NY 11769

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: STACEY MELNICK

VP

01/15/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date