PROFIT CORPORATION ANNUAL REPO 1999

DOCUMENT # 843201

1. Corporation Name

N RT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	May 03, 1999 8:00 am Secretary of State
	10001		

ASCO SI	ERVICES, INC.							
B to to I Blood	(D)	Mailing Addrson		 	-	# [86][#] [8][4] 6][8] [4] [4] [4] [6] [4] [6] [4] [6] [4] [6] [6] [6] [6] [6] [6] [6] [6] [6] [6		
Principal Place of Business Mailing Address					1			
50-60 HANOVER RD 50-60 HANOVER ROAD STE 2112 FLORHAM PARK NJ 07932								
FLORHAM PARK NJ 07932						DO NOT WRITE IN TH	IIS SPACE	
US						3. Date Incorporated or Qualifed		
						05/08/1979		
2. Principal Pl	ace of Business	2a. Mailing Address		_		4. FEI Number		oplied For
21		26		_		22-2243534		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.75 /	Additional equired
22 27 27 27 27 27 27 27 27 27 27 27 27 2								
City & State City & State						6. Election Campaign Financing Trust Fund Contribution	*	May Be to Fees
23 Zip	Country	28 Zip	Count			This corporation owes the current year		10 1 003
一 ·	25	29 3		.,		Personal Property Tax.	Yes	□No
24	9. Name and Address of Curren		100			10. Name and Address of New Register	ed Agent	
	5. Hame and Address of Carrett		8	1 Name				
CT C	CORPORATION SYSTEM					(D.O. D.)		
1200	S. PINE ISLAND ROAD		٤	82 Street Address (P.O. Box Number is Not Acceptable)				
PLAN	NTATION FL 33324		8	3				
		•						0-1-
			} {	City		F	EL 85 Zip (Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the abo	ve-named	corpora	ation submits this statement for the purpose	of changing its	registered
office or r	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was auti	norizea t	ov the corb	oration's	s board of directors. I hereby accept the ap	pointment as re	gistered
_	m ramiliar with, and accept the colliga-	non i ,coco, too honoee ,io chor.	a Statut	33.		•		
SIGNATURE	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE: R	Registered A	gent signature	required w	hen reinstating) DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	V	☐ DELETE	1.1 TITLI	•			☐ Change	☐ Addition
NAME	galvin, walter j		1.2 NAM	E				
STREET ADDRESS	8000 FLORISSANT AVE.		1.3 STRE	ET ADDRESS	l			
CITY-ST-ZIP	ST LOUIS MO		1.4 CITY	-ST-ZiP				
TITLE	PD	☐ DELETE	2.1 TITLI				Change	☐ Addition
NAME	Visioli, Armand J		22 NAM	E				}
STREET ADDRESS	50-60 HANOVER ROAD		2.3 STRI	ET ADDRESS				
CITY-ST-ZIP	FLORHAM PARK NJ		2.4 CIT	-ST-ZIP				To a table
TITLE	TD	☐ DELETE	3.1 TITL	•	TV.C	FO.T	Change	☐ Addition
NAME	SMITH, RANDY P		3.2 NAM		MA	IRIC S WEIDHIAM		
STREET ADDRESS	50-60 HANOVER RD		3.3 STR	EET ADDRESS	50	FURHAM PARIC, NJ		
CITY-ST-ZIP	FLORHAM PARK NJ			-ST-ZIP		FLURHAM PARIC , NU	0/432	,
TITLE	S	☐ DELETE	4.1 TITL	Ξ		•	Change	☐ Addition
NAME	WALSH, CHRISTOPHER G		4. 2 NAA					
STREET ADDRESS	50-60 HANOVER RD		4.3 STR	ET ADDRESS				
CITY-ST-ZIP	FLORHAM PARK NJ		_	-ST-ZIP	ļ		Chones	☐ Addition
TITLE	AT	☐ DELETE	5.1 TITL		-		☐ Change	☐ ¥oainon
NAME	DELLAQUILA, FRANK		5.2 NAM					ľ
STREET ADDRESS	8000 FLORISSANT AVE		li .	EET ADDRESS	1			
CITY-ST-ZIP	ST LOUIS MO			-ST-ZIP			Chance	☐ Addition
TITLE	AS	☐ DELETE	6.1 TITL		1		☐ Change	Addition
NAME	SMITH, H		6.2 NAV					Ì
OTDEET ADDRESS	ROOM WELDINGSANT AVE		■ 6.3 STR	EET ADDRESS	1			,

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

ST LOUIS MO

SIGNATURE AND TRIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR