

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90090 026 ***150.00

DOCUMENT # P12098

1. Entity Name

CONSPEC SYSTEMS INC.

Principal Place of Business

Mailing Address

**3 WERNER WAY
 LEBANON NJ 08833
 US**

**3 WERNER WAY
 LEBANON NJ 08833-2223
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-2419350

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DADD, RONALD F.	NAME	
STREET ADDRESS	3 WERNER WAY	STREET ADDRESS	
CITY-ST-ZIP	LEBANON NJ 08833	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTIERI, EDWARD J	NAME	
STREET ADDRESS	3 WERNER WAY	STREET ADDRESS	
CITY-ST-ZIP	LEBANON NJ 08833	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, R GORDON	NAME	
STREET ADDRESS	3 WERNER WAY	STREET ADDRESS	
CITY-ST-ZIP	LEBANON NJ 08833	CITY-ST-ZIP	
TITLE	AST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERWIN, DOROTHY M.	NAME	
STREET ADDRESS	3 WERNER WAY	STREET ADDRESS	
CITY-ST-ZIP	LEBANON NJ 08833	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSEN, PAMELA	NAME	
STREET ADDRESS	3 WERNER WAY	STREET ADDRESS	
CITY-ST-ZIP	LEBANON NJ 08833	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pamela N. Olsen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAMELA OLSEN

ASSISTANT SECRETARY

4/26/00 (908) 236-0800
 Date Daytime Phone #

CR2E034 (9/99)