


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P12098
1. Entity Name
CONSPEC SYSTEMS INC.



Principal Place of Business _____ Mailing Address _____
3 WERNER WAY **3 WERNER WAY**
LEBANON, NJ 08833 US **LEBANON, NJ 08833 US**

DO NOT WRITE IN THIS SPACE

03302005 No Chg-P CR2E034 (10/03)

4. FEI Number **22-2419350** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution Added to Fees

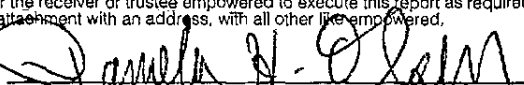
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DADD, RONALD F. 3 WERNER WAY LEBANON, NJ 08833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALTIERI, EDWARD J 3 WERNER WAY LEBANON, NJ 08833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEWART, R GORDON 3 WERNER WAY LEBANON, NJ 08833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST CASEY, GREGORY P 3 WERNER WAY LEBANON, NJ 08833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS OLSEN, PAMELA 3 WERNER WAY LEBANON, NJ 08833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000310249
04/16/05-80069-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/6/05** **(908) 236-0800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #