


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 843201</b>	
1. Entity Name ASCO SERVICES, INC.	

Principal Place of Business 50-60 HANOVER RD STE 2112 FLORHAM PARK, NJ 07932 US	Mailing Address 50-60 HANOVER ROAD FLORHAM PARK, NJ 07932
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01142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 22-2243534	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALVIN, WALTER J 8000 FLORISSANT AVE. ST LOUIS, MO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VISIOLI, ARMAND J 50-60 HANOVER ROAD FLORHAM PARK, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIFKOWITZ, MICHAEL 50-60 HANOVER RD FLORHAM PARK, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALSH, CHRISTOPHER G 50-60 HANOVER RD FLORHAM PARK, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT RABE, D.J. 8000 FLORISSANT AVE SAINT LOUIS, MO 63141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SMITH, H 8000 W FLORISSANT AVE ST LOUIS, MO

<p>U000000330128 04/25/05-80149-002 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other, like empowered.

**SIGNATURE:**  Christopher G. Walsh 4/15/05 973-966-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #