

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90126 047 ***150.00

DOCUMENT # F01000000022

1. Entity Name

ACCU-SORT SYSTEMS, INC.



Principal Place of Business

C/O ANTHONY J. PERRICONE
511 SCHOOLHOUSE ROAD
TELFORD PA 18969

Mailing Address

C/O ANTHONY J. PERRICONE
511 SCHOOLHOUSE ROAD
TELFORD PA 18969

14015654



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

City & State

4. FEI Number

23-1733031

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME JOYCE, ROBERT E
STREET ADDRESS 511 SCHOOLHOUSE ROAD
CITY-ST-ZIP TELFORD PA 18969

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME SROKA, STANLEY
STREET ADDRESS 2800 CRYSTAL DR.
CITY-ST-ZIP HATFIELD PA 19440

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD ☒ Delete
NAME MCMAHON, CHRISTOPHER C
STREET ADDRESS 16 W. MAIN ST.
CITY-ST-ZIP CHRISTIANA DE 19702

TITLE Vice President / Secretary ☒ Change ☐ Addition
NAME James F. O'Reilly
STREET ADDRESS 2099 Pennsylvania Ave. NW
CITY-ST-ZIP Washington, D.C. 20006

TITLE VT ☐ Delete
NAME BRANNING, GREGGORY
STREET ADDRESS 2800 CRYSTAL DR
CITY-ST-ZIP HATFIELD PA 19440

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DITKOFF, JAMES H
STREET ADDRESS 16 W. MAIN ST.
CITY-ST-ZIP CHRISTIANA DE 19702

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ALLENDER, PATRICK W
STREET ADDRESS 16 W. MAIN ST.
CITY-ST-ZIP CHRISTIANA DE 19702

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley Sroka

4/25/05

(215)996-8100

Date

Daytime Phone #