

4/21

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000001035

1. Entity Name
ASCO SWITCH ENTERPRISES LLC



Principal Place of Business
50-60 HANOVER RD
FLORHAM, NJ 07932

Mailing Address
50-60 HANOVER RD
FLORHAM, NJ 07932

DO NOT WRITE IN THIS SPACE



01142005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
22-3693500

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOX, J.D. III 50-60 HANOVER RD FLORHAM, NJ 07932
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAMBOLEY, H.J. JR 8000 W FLORISSANT ST LOUIS, MO 63136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPF LEFKOWITZ, MICHAEL 50-60 HANOVER RD FLORHAM, NJ 07932
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT MOON, DAVID C 8000 W FLORISSANT ST LOUIS, MO 63136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RABE, DAVID J 8000 W FLORISSANT ST LOUIS, MO 63136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SMITH, HARLEY M 8000 W FLORISSANT ST LOUIS, MO 63136

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-8-05

9739662469