

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

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**



01042007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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 _____

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, 2007**

9. MANAGING MEMBERS/MANAGERS

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

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IN THIS SPACE**

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05/02/07-80091-022 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Christopher G Walsh

1/22/07

Date

973-966-2000

Daytime Phone #