

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001035

Entity Name: ASCO SWITCH ENTERPRISES LLC**Current Principal Place of Business:**50-60 HANOVER RD
FLORHAM, NJ 07932**Current Mailing Address:**50-60 HANOVER RD
FLORHAM, NJ 07932**FEI Number:** 22-3693500**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

| | |
|-----------------|-----------------------|
| Title | TREASURER |
| Name | BUNTING, KEVIN W |
| Address | 50-60 HANOVER RD |
| City-State-Zip: | FLORHAM PARK NJ 07932 |

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|-----------------|-----------------------|
| Title | P |
| Name | VISIOLI, ARMAND J |
| Address | 50-60 HANOVER RD |
| City-State-Zip: | FLORHAM PARK NJ 07932 |

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|-----------------|-------------------|
| Title | T |
| Name | RABE, DAVID J |
| Address | 8000 W FLORISSANT |
| City-State-Zip: | ST LOUIS MO 63136 |

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|-----------------|-----------------------|
| Title | VP, ASST. TREASURER |
| Name | WILEY, CURT |
| Address | 8000 W FLORISSANT AVE |
| City-State-Zip: | ST LOUIS MO 63136 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN W. BUNTING

TREASURER

04/16/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date