FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 826989 1. Corporat on Name

AUTOMATIC SWITCH COMPANY

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90177 036 ***150.00



Principal Place	of Business	Mailing Address				! IN BIOS IDNIO 11818 BINIO 1010! NOTIO 1011	ALBUR OLDAN OLDAR BADRA I	J1011 0101H 100H
50-60 HANOVER RD		50-60 HANOVER RD						
FLORHAM PK N	J 07932	FLORHAM PK NJ 07932				DO NOT WRITE IN THIS SPACE		
					-	3. Date Incorporated or Qualifed		
					i	11/01/1971		
2. Dalmain al Di	an of Business	2a. Mailing Address			+	4. FEI Number	Ar	op ied For
	ace of Business					22-1457165 Not Applic		<u> </u>
Suite, Apt.	H oto	Suite, Apt. #, etc.			-+			Ac ditional
22		27				5. Certifcate of Status Desired	•	beniupe
City & S'ate		City & State		-+	6, Election Campaign Financing 55.00 May Be			
23		28				Trust Fund Contribution Added to Fees		
Zip	Coun ry	Zip	Country	,	8. This corporation owes the current year Intangible			
24	25	29 30				Personal Property Tax.		
	9. Name and Address of Current	Registered Agent			1	0. Name and Address of New Regist	ere i Agent	
			81	Name				
	ORPORATION SYSTEM	82 Stree		Street	Address	(P.O. Box Number is Not Acceptable)		
	S. PINE ISLAND ROAD	52 5355						
PLAN	ITATION FL 33324		83					
			84	City			85 Zip	Code
				'			FL '	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu es,	the abov	e-named	co poral	ion submits this statement for the purpo board of cirectors. I hereby accept the	se of changing its	registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligati	o Florida, Such change was autrions of, Section 607.0505, Florid	orized by a Statutes	ine corpo i.	orations	board of cirectors. Thereby accept the	appointment as to	gratered
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTL. Re	gistered Age	nt signature r	regu red wh		ITE.	
12.	OFFICERS AND		13.		T	ADDITIONS/CHANGES TO OFFICER		Addition
TITLE	PD	☐ DELETE	1.1 TITLE		PD	N-PIERRE YROHANK	Change	☐ Addition
NAME	SMITH, RANDY P.		1.2 NAME		TJE A	Nanatic En		İ
STREET ADDRE 'S	50-60 HANOVER RD.		1.3 STREE	TADDRESS	50-	GO H-2800C RO	-6.72	
CITY-ST-ZIP	FLORHAM PARK NJ		1.4 CITY-S	T-ZIP	1-0	DRITAIN PARK, NJ		Addition
TITLE	V	☐ DELETE	2.1 TITLE			•	☐ Change	[] Addition
NAME	VISIOLI, ARMAND J		2.2 NAME					
STREET ADDRE 3S	50-60 HANOVER ROAD		2.3 STREE	TADDRESS				
CITY-ST-ZIP	FLORHAM PARK NJ	· ————————————————————————————————————	2.4 CITY-5	ST-Z)P				Addition
TITLE	VCFO	☐ DELETE	3.1 TITLE		-		☐ Change	Addition
NAME	WEIDMAN, MARK C.		3.2 NAME					
STREET ADDRESS	50-60 HANOVER AVE.		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	FLORHAM PARK NJ		3.4. CITY-5	ST-ZIP	<u> </u>		☑ Change	Addition
TITLE	V	☐ DELETE	4.1 TITLE		1X.	HARD B BEVERLY	Z Change	Addition
NAME	LAACKMAN, KLAUS		4. 2 NAME		1610	to Husauffe Do		
STREET ADDRESS	50-60 HANOVER ROAD				250.	CO HAROUER RD	-017	
CITY-ST-ZIP	FLORHAM PARK NJ		4.4 CITY-5	T-ZIP	K PC	IRINAL PARK NU C	Z Change	Addition
TITLE	V	☐ DELETE	5.1 TITLE 5.2 NAME		Y .	OF O HALF	Criange	Addition
NAME	SCHREIBER, GREGORY C.			T ADDRESS	مي ر	IN THE PLANTER RD		
STREET ADDRESS	50-60 HANOVER RD.			T ZID	250	RK R HAVE RD 60 HAVOUR RD RHAMPARK NJO	56.22	
CITY-ST-ZIP	FLORHAM PK. NJ	☐ DELETE	5.4 CITY-5 6.1 TITLE)1-ZIP	Fa	RHALLAR IND	Change	Addition
TITLE	VS	☐ DECE IC	6.2 NAME			•	C. Onlarige	
NAME	WALSH, CHRISTOPHER		l	T ADDRESS				
STREET ADDRE 3S	COS SO-OU HAITOVEIT AVE.		l .					
CITY-ST-ZIP	FLORHAM PARK NJ		64 CITY-5	1-4P	<u> </u>			

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 section or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE LOR DIRECTOR