

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90088 041 ***150.00
 04-20-2000 90004 046 ***150.00

DOCUMENT # 826989

1. Entity Name
~~AUTOMATIC SWITCH COMPANY~~ **ASCO VALUE INC.**
~~ASCO AUTOMATIC SWITCH COMPANY~~

Principal Place of Business Mailing Address
 HANOVER RD 50-60 HANOVER RD
 PK NJ 07932 FLORHAM PK NJ 07932-1503



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **22-3677650** ~~22-4457465~~
 Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	MAONANC, JEAN PIERRE	<input type="checkbox"/> Delete			
STREET ADDRESS	50-60 HANOVER ROAD		STREET ADDRESS		
CITY-ST-ZIP	FLORHAM PARK NJ 07932		CITY-ST-ZIP		
V	VISIOLI, ARMAND J	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	50-60 HANOVER ROAD		STREET ADDRESS		
CITY-ST-ZIP	FLORHAM PARK NJ		CITY-ST-ZIP		
VCFO	WEIDMAN, MARK C.	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	50-60 HANOVER AVE.		STREET ADDRESS	MICHAEL NEELEY	
CITY-ST-ZIP	FLORHAM PARK NJ		CITY-ST-ZIP	50-60 HANOVER RD.	
V	BEVERLY, RICHARD B	<input type="checkbox"/> Delete		FLORHAM PARK, NJ	
STREET ADDRESS	50-60 HANOVER ROAD		STREET ADDRESS		
CITY-ST-ZIP	FLORHAM PARK NJ 07632		CITY-ST-ZIP		
V	HALE, CLARK R	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	50-60 HANOVER ROAD		STREET ADDRESS		
CITY-ST-ZIP	FLORHAM PARK NJ 07932		CITY-ST-ZIP		
VS	WALSH, CHRISTOPHER	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	50-60 HANOVER AVE.		STREET ADDRESS		
CITY-ST-ZIP	FLORHAM PARK NJ		CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F034 (5-99)