

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 829304**

1. Entity Name  
ASPLUNDH BRUSH CONTROL CO.



Principal Place of Business  
BLAIR MILL RD  
WILLOW GROVE, PA 19090

Mailing Address  
BLAIR MILL RD  
WILLOW GROVE, PA 19090



01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
23-1491320

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

**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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ASPLUNDH, CHRISTOPHER  
3700 BUCK RD.  
HUNTINGDON VALLEY, PA 19006

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ASPLUNDH, PAUL S.  
3175 BUCK ROAD.  
HUNTINGDON VALLEY, PA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
ASPLUNDH, SCOTT M  
1591 HAMPTON DR.  
MEADOWBROOK, PA 19046

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ASPLUNDH, CARL H. JR  
P. O. BOX 148, 2670 SUGAN ROAD  
SOLLBURY, PA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
DWYER, JOSEPH P.  
419 SHOEMAKER WAY  
LANSDALE, PA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ASPLUNDH, ROBERT H.  
2700 ALNWICK RD.  
BRYN ATHYN, PA

000000011431  
01/23/04-80036-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph P. Dwyer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH P. DWYER

Date

Daytime Phone #

01/20/04