

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90002 012 ***550.00

DOCUMENT # F00000001469

1. Entity Name
SPECON II, INC.

Principal Place of Business
45 CARDINAL DRIVE
WESTFIELD NJ 07090

Mailing Address
45 CARDINAL DRIVE
WESTFIELD NJ 07090

000439



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
ONE CONNELL DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
ONE CONNELL DRIVE
 Suite, Apt. #, etc.

City & State
BERKELEY HEIGHTS, NJ
 Zip Country
07922 USA

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BERKELEY HEIGHTS, NJ
 Zip Country
07922 USA

4. FEI Number **APPLIED FOR**
22-3713891

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 _____ (NOT) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. Registered Agent's signature required when reinstating.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW !! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CONNELL, GROVER	
STREET ADDRESS	45 CARDINAL DRIVE	
CITY-ST-ZIP	WESTFIELD NJ 07090	
TITLE	V	<input type="checkbox"/> Delete
NAME	CONNELL, SHANE	
STREET ADDRESS	45 CARDINAL DRIVE	
CITY-ST-ZIP	WESTFIELD NJ 07090	
TITLE	V	<input type="checkbox"/> Delete
NAME	CONNELL, DUANE	
STREET ADDRESS	45 CARDINAL DRIVE	
CITY-ST-ZIP	WESTFIELD NJ 07090	
TITLE	S	<input type="checkbox"/> Delete
NAME	DECKER, MARK	
STREET ADDRESS	45 CARDINAL DRIVE	
CITY-ST-ZIP	WESTFIELD NJ 07090	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONNELL, TED	
STREET ADDRESS	45 CARDINAL DRIVE	
CITY-ST-ZIP	WESTFIELD NJ 07090	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONNELL, TERRY	
STREET ADDRESS	45 CARDINAL DRIVE	
CITY-ST-ZIP	WESTFIELD NJ 07090	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNELL, GROVER	
STREET ADDRESS	ONE CONNELL DRIVE	
CITY-ST-ZIP	BERKELEY HEIGHTS, NJ 07922	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNELL, SHANE	
STREET ADDRESS	ONE CONNELL DRIVE	
CITY-ST-ZIP	BERKELEY HEIGHTS, NJ 07922	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNELL, DUANE	
STREET ADDRESS	ONE CONNELL DRIVE	
CITY-ST-ZIP	BERKELEY HEIGHTS, NJ 07922	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECKER, MARK	
STREET ADDRESS	ONE CONNELL DRIVE	
CITY-ST-ZIP	BERKELEY, HEIGHTS NJ 07922	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNELL, TED	
STREET ADDRESS	ONE CONNELL DRIVE	
CITY-ST-ZIP	BERKELEY HEIGHTS, NJ 07922	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNELL, TERRY	
STREET ADDRESS	ONE CONNELL DRIVE	
CITY-ST-ZIP	BERKELEY HEIGHTS, NJ 07922	

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 no 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: 3 Director 5-22-01 908-673-3700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)