

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 09, 2004 8:00 am
Secretary of State

02-02-2004 90024 016 ***150.00

DOCUMENT # F00000001469 1. Entity Name SPECONII, INC.			
Principal Place of Business ONE CONNELL DRIVE BERKELEY HEIGHTS, NJ 07922		Mailing Address ONE CONNELL DRIVE BERKELEY HEIGHTS, NJ 07922	
2. Principal Place of Business ONE CONNELL DRIVE Suite, Apt. #, etc. Ste 4000		3. Mailing Address ONE CONNELL DRIVE Suite, Apt. #, etc. Ste 4000	
City & State BERKELEY HEIGHTS, NJ		City & State BERKELEY HEIGHTS, NJ	
Zip 07922		Zip 07922	
Country 		Country 	
4. FEI Number 22-3713871		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEXISNEXISDOCUMENTSOLUTIONSINC. 1201HAYSSTREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET City Tallahassee FL Zip Code 32301	
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 <i>Louise B. Smith</i> Louise B. Smith, Asst. Vice President 3/1/04 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD CONNELL, GROVER ONECONNELLDRI BERKELEYHEIGHTS, NJ07922	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V CONNELL, SHANE ONECONNELLDRI BERKELEYHEIGHTS, NJ07922	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V CONNELL, DUANE ONECONNELLDRI BERKELEYHEIGHTS, NJ07922	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP S DECKER, MARK ONECONNELLDRI BERKELEYHEIGHTS, NJ07922	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D CONNELL, TED ONECONNELLDRI BERKELEYHEIGHTS, NJ07922	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D CONNELL, TERRY ONECONNELLDRI BERKELEYHEIGHTS, NJ07922	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>3</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>Director 1-28-04 908-673-3778.</i> <small>Date Daytime Phone #</small>	