


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # F00000001469 1. Entity Name SPECON II, INC.	
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Principal Place of Business 200 CONNELL DRIVE BERKELEY HEIGHTS, NJ 07922	Mailing Address 200 CONNELL DRIVE BERKELEY HEIGHTS, NJ 07922
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3713891	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

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IN THIS SPACE**

U000000789637
01/22/08-80001-013 150.00

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! - FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONNELL, GROVER 200 CONNELL DRIVE BERKELEY HEIGHTS, NJ 07922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONNELL, SHANE 200 CONNELL DRIVE BERKELEY HEIGHTS, NJ 07922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONNELL, DUANE 200 CONNELL DRIVE BERKELEY HEIGHTS, NJ 07922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DECKER, MARK 200 CONNELL DRIVE BERKELEY HEIGHTS, NJ 07922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNELL, TED 200 CONNELL DRIVE BERKELEY HEIGHTS, NJ 07922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNELL, TERRY 200 CONNELL DRIVE BERKELEY HEIGHTS, NJ 07922

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: SR Executive VP / Treasurer 1-15-08 908-673-3778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #