

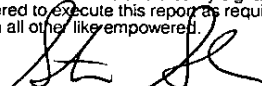


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90022 022 ***150.00

DOCUMENT # F01000000022 1. Entity Name ACCU-SORT SYSTEMS, INC.					
Principal Place of Business C/O ANTHONY J. PERRICONE 511 SCHOOLHOUSE ROAD TELFORD, PA 18969			Mailing Address C/O ANTHONY J. PERRICONE 511 SCHOOLHOUSE ROAD TELFORD, PA 18969		
2. Principal Place of Business ACCU-SORT SYSTEMS, INC. Suite, Apt. #, etc. 511 SCHOOLHOUSE RD		3. Mailing Address ACCU-SORT SYSTEMS, INC. Suite, Apt. #, etc. 511 SCHOOLHOUSE ROAD		60003097 	
City & State TELFORD, PA 18969		City & State TELFORD, PA 18969		4. FEI Number 23-1733031	
Zip 18969		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P JOYCE, ROBERT E 511 SCHOOLHOUSE ROAD TELFORD, PA 18969	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREGG BRANNING 511 SCHOOLHOUSE ROAD TELFORD, PA 18969	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SROKA, STANLEY 2800 CRYSTAL DR. HATFIELD, PA 19440	<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	VPS O'REILLY, JAMES F 2099 PENNSYLVANIA AVE NW WASHINGTON, DC 20006	<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	VT BRANNING, GREGGORY 2800 CRYSTAL DR HATFIELD, PA 19440	<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 DITKOFF, JAMES H 16 W. MAIN ST. CHRISTIANA, DE 19702	<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 ALLENDER, PATRICK W 16 W. MAIN ST. CHRISTIANA, DE 19702	<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 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: STAN SROKA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/6/2006 <small>Date</small>		
			(215) 723-0981 <small>Daytime Phone #</small>		