

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F92000001006 (7)**

1. Corporation Name

BUTLER SERVICES OF DELAWARE, INC.



Principal Place of Business

Mailing Address

**110 SUMMIT AVENUE
MONTVALE NJ 07645**

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MONTVALE NJ 07645**

3. Date Incorporated or Qualified

12/30/1992

3a. Date of Last Report

01/31/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

22-2765420

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

24

25

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	KOPKO, EDWARD M	
STREET ADDRESS	7 FOREST RIDGE ROAD	
CITY-STATE-ZIP	UPPER SADDLE RV. NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOPKO, FREDERICK H	
STREET ADDRESS	4901 SOUTH ELLIS	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCBREEN, HUGH G	
STREET ADDRESS	2150 N. LINCOLN PARK	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEGARTY, JOHN F	
STREET ADDRESS	21 HUNTING RIDGE	
CITY-STATE-ZIP	BROOKFIELD CT	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BRECHT, WARREN F	
STREET ADDRESS	23 TALLMAN AVENUE	
CITY-STATE-ZIP	NYACK NY	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LACROIX, RAYMOND J	
STREET ADDRESS	309 DOHNY DRIVE	
CITY-STATE-ZIP	WYCKOFF NJ	

1.1 TITLE	VP-Tax & Asst. Secy.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Peter J. Mohan	
1.3 STREET ADDRESS	17 Blossom Road	
1.4 CITY-STATE-ZIP	Suffern, NY 10901	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Peter J. Mohan-Asst. Secy.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(201)573-8000

Date

Daytime Phone #

CR2E034 (12/95)