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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
110 SUMMIT AVENUE
MONTVALE NJ 07845

Mailing Address
110 SUMMIT AVENUE
MONTVALE NJ 07845-1712

3. Date Incorporated or Qualified
12/30/1992

3a. Date of Last Report
02/16/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
22-2765420

Applied For
Not Applicable

21. [REDACTED]

26. Suite, Apt. #, etc.

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

22. City & State

27. City & State

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

23. Zip Country

28. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24. Zip Country

29. Zip Country

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 title, 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
NAME KOPKO, EDWARD M
STREET ADDRESS 7 FOREST RIDGE ROAD
CITY-ST-ZIP UPPER SADDLE RV. NJ

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE D
NAME KOPKO, FREDERICK H
STREET ADDRESS 4901 SOUTH ELLIS
CITY-ST-ZIP CHICAGO IL

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE D
NAME MCBREEN, HUGH G
STREET ADDRESS 2150 N. LINCOLN PARK
CITY-ST-ZIP CHICAGO IL

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE D
NAME HEGARTY, JOHN F
STREET ADDRESS 21 HUNTING RIDGE
CITY-ST-ZIP BROOKFIELD CT

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE VP
NAME BRECHT, WARREN F
STREET ADDRESS 23 TALLMAN AVENUE
CITY-ST-ZIP NYACK NY

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE VPAS
NAME MOHAN, PETER J.
STREET ADDRESS 17 BLOSSOM ROAD
CITY-ST-ZIP SUFFERN NY

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/97

201-573-8000

Daytime Phone #

0002965

CR2E034 (9/96)