

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90027 009 \*\*\*150.00

**DOCUMENT # F92000001006**

1. Entity Name

**BUTLER SERVICES OF DELAWARE, INC.**



Principal Place of Business

**110 SUMMIT AVENUE  
MONTVALE NJ 07645**

Mailing Address

**110 SUMMIT AVENUE  
MONTVALE NJ 07645**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**22-2765420**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **KOPKO, EDWARD M**  
STREET ADDRESS **7 FOREST RIDGE ROAD**  
CITY-ST-ZIP **UPPER SADDLE RV. NJ**

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

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

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

TITLE **VP** ☒ Delete  
NAME **DACOSTA, VALERIE**  
STREET ADDRESS **110 SUMMIT AVE**  
CITY-ST-ZIP **MONTVALE NJ 07645**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Peter J. Mohan*

*2/16/04 (201) 573-8000*

Date

Daytime Phone #