

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000003853

1. Entity Name
FLORIDA-ASE, INC.



Principal Place of Business
DE
101 PARK AVE
NEW YORK, NY 10178

Mailing Address
4 WOOD HOLLOW ROAD
PARSIPPANY, NJ 07054

DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
22-3271700

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

9. Election Campaign Financing
Trust Fund Contribution ☐

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

U000000156715
05/05/04-80086-014 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CPD
BOUDINOT, REGINALD D
8283 GREENSBORO DR.
MCLEAN, VA 22102

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
DOUGHTY, DENNIS O
8283 GREENSBORO DR.
MCLEAN, VA 22102

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SVD
APPELBY, C.G.
8283 GREENSBORO DRIVE
MCLEAN, VA 22102

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
BIANCO, ANTHONY S
101 PARK AVE
NEW YORK, NY 10178

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPTD
SWENSON, DOUGLAS
4 WOOD HOLLOW RD
PARSIPPANY, NJ 07054

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AT
LUCKEWICZ, MICHAEL
4 WOOD HOLLOW RD
PARSIPPANY, NJ 07054

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IN THIS SPACE**

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

4/27/04
Date

973-630-6700
Daytime Phone #