

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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**

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



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3271700	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$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 re-registering)

DATE

U00000156715  
05/05/04-80086-014 150.00

**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

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

**DO NOT WRITE  
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: *Michael Lucewicz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

973-630-6700  
Daytime Phone #