


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000006760	
1. Entity Name THE RELIABLE AUTOMATIC SPRINKLER CO. INC.	

Principal Place of Business 525 NORTH MACQUESTERN PARKWAY MT. VERNON, NY 10552	Mailing Address 525 NORTH MACQUESTERN PARKWAY MT. VERNON, NY 10552
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01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-1727035	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POULTON, ROBERT K 263 HUNT PARK COVE LONGWOOD, FL 32750

**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 reissuing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEE, CANDIDA M 72 BERKSHIRE ROAD ROCKVILLE CENTRE, NY 11570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVCT FEE, FRANK J III 2 BEECHWOOD LANE SCARSDALE, NY 10583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS FEE, KEVIN T 111 WHITEHALL BLVD. GARDEN CITY, NY 11530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEE, MICHAEL R 83 WESTMINSTER ROAD GARDEN CITY, NY 11530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HULTGREN, ROBERT C 21 SHARON COURT SHELTON, CT 06484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/20/04-80067-022 150.00

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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:  **Jan 08/04 (914) 668-3470**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #