

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 21, 2005 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**



02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-1727035

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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

000000237458
02/21/05-80059-003 150.00

**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:

R.C. Hultgren

R. C. HULTGREN

2/15/05

(914)668-3470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #