2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address
708 BLAIR MILL ROAD

DOCUMENT # H67202

1. Entity Name

Principal Place of Business

* BLAIR MILL ROAD

AMERICAN LIGHTING AND SIGNALIZATION, INC.

		3. Mailing Address Suite, Apt. #, etc. City & State 4.			604798 DO NOT WRITE IN THIS SPACE		
				4. f	4. FEI Number 59-2554039		Applied For Not Applicable
Zìp	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Add	itional
	6. Name and Address of Current F	legistered Agent		7. 1	Name and Address of New Register	red Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			Name	Name			
			Street A	Street Address (P.O. Box Number is Not Acceptable)			
PLAN	HAHON PL 33324		City		 	FL Zip Code	<u>. </u>
Signature, typed or printed name of registered agent and 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		rite if applicable. (NOTE: Registered Agent signature requirements of the FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Signature requirements of		00 550.00	10. Election Campaign Financing Trust Fund Contribution.	_ +	0 May Be to Fees
11.	OFFICERS AND I	DIRECTORS	12.	ĀD	DDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASPLUNDH, STEWART L 3115 PAPERMILL RD. HUNTINGDON VALLEY PA 19006	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASPLUNDH, ROBERT H 2700 ALNWICK ROAD BRYN ATHYN PA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DWYER, JOSEPH P 419 SHOEMAKER WAY LANSDALE PA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE	D	☐ Delete	TITLE	PD		(X) Change	Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

SIGNATURE:

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

ASPLUNDH, BRENT D

900 GLADESTRY LN.

2670 SUGAN RD

BRYN ATHYN PA

ASPLUNDH, E. BOYD

SOLEBURY PA

DALE RD.

LOWER GWYNEDD PA 19002

ASPLUNDH, CARL HJ., JR

SONATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Defete

SECRITAM-TRUSHER

7 /00 2157844h

☐ Change

☐ Change

☐ Addition

Addition

Daytime Phone #

FILED

Jan 20, 2000 8:00 am Secretary of State

01-20-2000 90205 003 ***150.00

CR2E034 (9)