

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # H67202

1. Entity Name
AMERICAN LIGHTING AND SIGNALIZATION, INC.



Principal Place of Business
**708 BLAIR MILL ROAD
WILLOW GROVE, PA 19090**

Mailing Address
**708 BLAIR MILL ROAD
WILLOW GROVE, PA 19090**



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2554039

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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 reappointing)

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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ASPLUNDH, ROBERT H
STREET ADDRESS	2700 ALNWICK ROAD
CITY-ST-ZIP	BRYN ATHYN, PA
TITLE	ST
NAME	DWYER, JOSEPH P
STREET ADDRESS	419 SHOEMAKER WAY
CITY-ST-ZIP	LANSDALE, PA
TITLE	PD
NAME	ASPLUNDH, BRENT D
STREET ADDRESS	1356 MEADOWBROOK RD.
CITY-ST-ZIP	RYDAL, PA 19046
TITLE	D
NAME	ASPLUNDH, CHRISTOPHER B
STREET ADDRESS	3700 BUCK RD.
CITY-ST-ZIP	HUNTINGTON VALLEY, PA 19006
TITLE	D
NAME	ASPLUNDH, GREGG G
STREET ADDRESS	1405 TERWOOD RD.
CITY-ST-ZIP	HUNTINGDON VALLEY, PA 19006
TITLE	V
NAME	HARDIMAN, JAMES R
STREET ADDRESS	7015 GREENFERN RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32211

000000011427
01/23/04-80036-019 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph P. Dwyer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH P. DWYER

Date

01/20/04

Daytime Phone #