

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000013279

1. Entity Name  
CONTROL SERVICES GROUP, INC.



Principal Place of Business  
333 MEADOWLAND PKWY.  
SECAUCUS, NJ 07074

Mailing Address  
333 MEADOWLAND PKWY.  
SECAUCUS, NJ 07074

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12042006 REIN-P CR2E098 (11/05)

4. FEI Number  
58-2528313

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 then applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Harry B. Davis  
Asst. Vice President

12/13/06

FILE NOW!!! FEE IS \$750.00  
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME TUREN, EDWARD  
STREET ADDRESS 333 MEADOWLAND PARKWAY  
CITY-ST-ZIP SECAUCUS, NJ 07094

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500082319505  
12/06/06--01039--004 \*\*758.75

TITLE S  
NAME TUREN, NEAL  
STREET ADDRESS 333 MEADOWLAND PARKWAY  
CITY-ST-ZIP SECAUCUS, NJ 07094

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500082319505  
12/28/06--01045--018 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Tschersich, Edward J  
333 MEADOWLAND PARKWAY  
SECAUCUS, N.J. 07094

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #