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# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03848

1. Entity Name  
AMERICAN BELL INFORMATION, INC.



Principal Place of Business

ONE AT&T WAY  
ROOM 4A235  
BEDMINSTER, NJ 07921 US

Mailing Address

ONE AT&T WAY  
ROOM 4A235  
BEDMINSTER, NJ 07921 US

FILED

06 MAY -3 PM 4: 17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-3214019

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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 reconstituting)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE AS  
NAME DUAH, ANTOINETTE A  
STREET ADDRESS ONE AT&T WAY  
CITY - ST - ZIP BEDMINSTER, NJ 07921

TITLE AS  
NAME TUTNAUER, JEFF  
STREET ADDRESS ONE AT&T WAY  
CITY - ST - ZIP BEDMINSTER, NJ 07921

TITLE D  
NAME FEIT, ROBERT  
STREET ADDRESS ONE AT&T WAY  
CITY - ST - ZIP BEDMINSTER, NJ 07921

TITLE AS  
NAME WIGGINS, GARY  
STREET ADDRESS ONE AT&T WAY  
CITY - ST - ZIP BEDMINSTER, NJ 07921

TITLE D  
NAME PESTER, DAVID  
STREET ADDRESS ONE AT&T WAY  
CITY - ST - ZIP BEDMINSTER, NJ 07921

TITLE AS  
NAME METZGER, KATHLEEN S  
STREET ADDRESS ONE AT&T WAY  
CITY - ST - ZIP BEDMINSTER, NJ 07921

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**DO NOT WRITE  
IN THIS SPACE**

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

4/27/06

Date

(908) 234-8555

Daytime Phone #