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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90005 037 ***150.00

DOCUMENT # P03849

1. Corporation Name
AMERICAN BELL INC.

Principal Place of Business
**412 MT. KEMBLE AVENUE
S287
MORRISTOWN NJ 07960
US**

Mailing Address
**412 MT. KEMBLE AVENUE
S287
MORRISTOWN NJ 07960
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/26/1984

4. FEI Number
13-3213999

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **MCCLINTOCK, KEITH E**
STREET ADDRESS **295 N. MAPLE AVE.**
CITY-ST-ZIP **BASKING RIDGE NJ 07920**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **See Attached List**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VAS** ☐ DELETE
NAME **DUAH, ANTOINETE A**
STREET ADDRESS **412 MT KEMBLE AVE.**
CITY-ST-ZIP **MORRISTOWN NJ 07960**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **TUTNAUER, JEFF**
STREET ADDRESS **412 MT KEMBLE AVE.**
CITY-ST-ZIP **MORRISTOWN NJ 07960**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VS** ☐ DELETE
NAME **FEIT, ROBERT**
STREET ADDRESS **131 MORRISTOWN RD. ROOM A2035**
CITY-ST-ZIP **BASKING RIDGE NJ 07920**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **HOKENSON, JOHN H**
STREET ADDRESS **131 MORRISTOWN RD. ROOM A2024**
CITY-ST-ZIP **BASKING RIDGE NJ 07920**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **MAYNES, ROBERT A**
STREET ADDRESS **131 MORRISTOWN RD. ROOM A2008**
CITY-ST-ZIP **BASKING RIDGE NJ 37920**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Antoinette A. Duah 3/16/99 973-644-1224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

AMERICAN BELL, INC.

Election Date 01/14/1999 FEIN 13-3213999

ELECTED CORPORATION OFFICERS AND DIRECTORS**TITLE / NAME****BUSINESS ADDRESS**200-203849
267104-90005-37**OFFICERS**

President John W. Thomson	295 N. Maple Avenue Basking Ridge, NJ 07920
Vice President & Secretary Robert S. Feit	131 Morristown Rd. Bldg. A Rm. A2035 Basking Ridge, NJ 07920-1002
Vice President/Treasurer/Asst. Secretary Steven Garfinkel	295 N. Maple Avenue Room 1211N3 Basking Ridge, NJ 07920-1002
Assistant Secretary Ephraim M. Brecher	412 Mt. Kemble Avenue, PO Box 1995 Room S267 Morristown, NJ 07962-1995
Assistant Secretary Antoinette A. Duah	412 Mt. Kemble Avenue Room S287 Morristown, NJ 07960
Assistant Secretary Jeff Tutnauer	412 Mt. Kemble Avenue Room C250 Morristown, NJ 07960
Assistant Secretary Gary Wiggins	412 Mt. Kemble Ave. Room S209 Morristown, NJ 07960

DIRECTORS

Director Robert S. Feit	131 Morristown Rd. Bldg. A Rm. A2035 Basking Ridge, NJ 07920-1002
Director Steven Garfinkel	295 N. Maple Avenue Room 1211N3 Basking Ridge, NJ 07920-1002
Director John W. Thomson	295 N. Maple Avenue Basking Ridge, NJ 07920