

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

06-12-2006 90004 046 \*\*\*550.00

**DOCUMENT # P04000171490**

1. Entity Name  
ELECTRO-COMP TAPE & REEL SERVICES, INC.



Principal Place of Business  
14190 63RD WAY N  
CLEARWATER, FL 33760

Mailing Address  
1 LABRIOLA CT  
ARMONK, NY 10504

4000000000



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2046285

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD., STE. 508  
MIAMI, FL 33156

**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 reinstating)

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	DC
NAME	RAKER, GILBERT D
STREET ADDRESS	1 LABRIOLA CT
CITY-ST-ZIP	ARMONK, NY 10504
TITLE	DP
NAME	HUTH, KENNETH J
STREET ADDRESS	1 LABRIOLA CT
CITY-ST-ZIP	ARMONK, NY 10504
TITLE	S
NAME	MADDOX, SUSAN M
STREET ADDRESS	1 LABRIOLA CT
CITY-ST-ZIP	ARMONK, NY 10504
TITLE	ASST. SECRETARY
NAME	MICHAEL REUDER
STREET ADDRESS	14190 63RD WAY N.
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

*Susan M. Madrox* SUSAN M. MADDOX

6/5/06

(914) 273-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #