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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P12098

(0)

1. Corporation Name

CONSPEC SYSTEMS INC.



Principal Place of Business

Mailing Address

55 WINANS AVENUE
CRANFORD NJ 07016

55 WINANS AVENUE
CRANFORD NJ 07016

3. Date Incorporated or Qualified

11/12/1986

3a. Date of Last Report

05/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 PD ☐ DELETE

NAME DADO, RONALD F.
STREET ADDRESS 55 WINANS AVENUE
CITY - ST - ZIP CRANFORD NJ

TITLE STD ☒ DELETE

NAME SMITH, FREDRICK D.
STREET ADDRESS 55 WINANS AVENUE
CITY - ST - ZIP CRANFORD NJ

TITLE VD ☐ DELETE

NAME STEWART, R GORDON
STREET ADDRESS 55 WINANS AVENUE
CITY - ST - ZIP CRANFORD NJ

TITLE AST ☐ DELETE

NAME ERWIN, DOROTHY M.
STREET ADDRESS 55 WINANS AVENUE
CITY - ST - ZIP CRANFORD NJ

TITLE AS ☐ DELETE

NAME NICHOLAS, PAMELA
STREET ADDRESS 55 WINANS AVENUE
CITY - ST - ZIP CRANFORD NJ

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1. 1 TITLE

1. 2 NAME

1. 3 STREET ADDRESS

1. 4 CITY - ST - ZIP

2. 1 TITLE

2. 2 NAME

2. 3 STREET ADDRESS

2. 4 CITY - ST - ZIP

3. 1 TITLE

3. 2 NAME

3. 3 STREET ADDRESS

3. 4 CITY - ST - ZIP

4. 1 TITLE

4. 2 NAME

4. 3 STREET ADDRESS

4. 4 CITY - ST - ZIP

5. 1 TITLE

5. 2 NAME

5. 3 STREET ADDRESS

5. 4 CITY - ST - ZIP

6. 1 TITLE

6. 2 NAME

6. 3 STREET ADDRESS

6. 4 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Pamela Olsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/96 (408) 272-5600

CR2E034 (12/95)