

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P12098

1. Entity Name
CONSPEC SYSTEMS INC.



Principal Place of Business

**3 WERNER WAY
LEBANON, NJ 08833 US**

Mailing Address

**3 WERNER WAY
LEBANON, NJ 08833 US**

DO NOT WRITE IN THIS SPACE

03302005 No Chg-P CR2E034 (10/03)

4. FEI Number

22-2419350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DADD, RONALD F.
STREET ADDRESS 3 WERNER WAY
CITY-ST-ZIP LEBANON, NJ 08833

TITLE STD
NAME ALTIERI, EDWARD J
STREET ADDRESS 3 WERNER WAY
CITY-ST-ZIP LEBANON, NJ 08833

TITLE VD
NAME STEWART, R GORDON
STREET ADDRESS 3 WERNER WAY
CITY-ST-ZIP LEBANON, NJ 08833

TITLE AST
NAME CASEY, GREGORY P
STREET ADDRESS 3 WERNER WAY
CITY-ST-ZIP LEBANON, NJ 08833

TITLE AS
NAME OLSEN, PAMELA
STREET ADDRESS 3 WERNER WAY
CITY-ST-ZIP LEBANON, NJ 08833

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/6/05

Date

(908) 236-0800

Daytime Phone #