FILE NOW: FILING FEE AFTER MAY 1 IS [illegible]

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTM[illegible]
Sandra B. M[illegible]
Secretary of [illegible]
DIVISION OF CORP[illegible]

DOCUMENT # **P27872** (1)

1. Corporation Name
ASCOM HASLER MAILING SYSTEMS, INC.

Principal Place of Business	Mailing Address
19 FOREST PARKWAY SHELTON CT 06484	19 FOREST PARKWAY SHELTON CT 06484

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 8:59

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 01/26/1990
3a. Date of Last Report: 02/02/1994
4. FEI Number: 06-0798198 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FOLEY & LARDNER 200 LAURA ST. JACKSONVILLE FL 32201	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	GOGGIN, EDMOND B	12 NAME	
STREET ADDRESS	63 MANDELL DR.	13 STREET ADDRESS	
CITY-ST-ZIP	SOUTHINGTON CT	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	BITAR, THOMAS J	22 NAME	
STREET ADDRESS	34 SPRINGBROOK RD.	23 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	XX Change ☐ Addition
NAME	[illegible]	32 NAME	
STREET ADDRESS	[illegible]	33 STREET ADDRESS	REMOVE
CITY-ST-ZIP	[illegible]	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	XX Change ☐ Addition
NAME	[illegible]	42 NAME	
STREET ADDRESS	[illegible]	43 STREET ADDRESS	REMOVE
CITY-ST-ZIP	[illegible]	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change XX Addition
NAME		52 NAME	President
STREET ADDRESS		53 STREET ADDRESS	Allocca, Michael A.
CITY-ST-ZIP		54 CITY-ST-ZIP	288 Hoyt Farm Road New Canaan, CT 06840
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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.

SIGNATURE: Edmond B. Goggin Edmond B. Goggin 1/26/95 203-926-1087
SIGNATURE AND TYPED OR PRINTED NAME OF [illegible] OFFICER OR DIRECTOR — Date — Daytime Phone #

0393700 FP