FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 01/26/1990
3a. Date of Last Report: 02/08/1995
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

2. Principal Place of Business	2a. Mailing Address
21	26 400 Chestnut Ridge Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Woodcliff Lake, NJ
Zip 24 Country 25	Zip 29 07675 Country 30 USA

9. Name and Address of Current Registered Agent

FOLEY & LARDNER
200 LAURA ST.
JACKSONVILLE FL 32201

10. Name and Address of New Registered Agent
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 ______

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
V	GOGGIN, EDMOND B	63 MANDELL DR.	SOUTHINGTON CT	☐
S	BITAR, THOMAS J	34 SPRINGBROOK RD.	MORRISTOWN NJ	☐
P	ALLOCCA, MICHAEL A.	288 HOYT FARM ROAD	NEW CANAAN CT	☐
D	KAMBER, URS	SQUIRE LANE	SHELTON CT	☒
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

No.	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1					☐	☐
2					☐	☐
3					☐	☐
4	Director	Roland Schmid	19 Forest Parkway	Shelton, CT 06484	☒	☐
5					☐	☐
6					☐	☐

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: E.B. Goggin, Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date ______ (201) 391-1111
Daytime Phone #

CR2E034 (12/95)