


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90163 008 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P27872 1. Corporation Name ASCOM HASLER MAILING SYSTEMS, INC.					
Principal Place of Business 19 FOREST PARKWAY SHELTON CT 06484			Mailing Address 400 CHESTNUT RIDGE ROAD WOODCLIFF LAKE NJ 07675 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/26/1990	
21		26	19 FOREST PARKWAY	4. FEI Number 06-0798198	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28	SHELTON, CT		
Zip		Zip			
24		29	06484	30 USA	
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	85
			FL		
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					
TITLE	V <input type="checkbox"/> DELETE				
NAME	GOGGIN, EDMOND B				
STREET ADDRESS	63 MANDELL DR.				
CITY-ST-ZIP	SOUTHINGTON CT				
TITLE	S <input type="checkbox"/> DELETE				
NAME	BITAR, THOMAS J				
STREET ADDRESS	34 SPRINGBROOK RD.				
CITY-ST-ZIP	MORRISTOWN NJ				
TITLE	P <input type="checkbox"/> DELETE				
NAME	ALLOCCA, MICHAEL A.				
STREET ADDRESS	288 HOYT FARM ROAD				
CITY-ST-ZIP	NEW CANAAN CT				
TITLE	D <input type="checkbox"/> DELETE				
NAME	SCHMID, ROLAND				
STREET ADDRESS	19 FOREST PARKWAY				
CITY-ST-ZIP	SHELTON CT				
TITLE	D <input type="checkbox"/> DELETE				
NAME	ROBERT WEISSBERG				
STREET ADDRESS	9 EAST 9TH ST.				
CITY-ST-ZIP	NEW YORK, NY 10003				
TITLE	T <input type="checkbox"/> DELETE				
NAME	RICHARD ALBRIGHT				
STREET ADDRESS	25 PINE ST., SUITE 1				
CITY-ST-ZIP	ROCKAWAY, NJ 07866				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

Edmond Goggin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Edmond Goggin, Vice Pres. 1/26/99
Date Daytime Phone #

CR2E034 (11/98)